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County Borough of Southampton.

ANNUAL REPORT

ON THE

Health of the

County Borough of Southampton

AND THE

Port of Southampton

For the Year 1937,

BY

H. C. MAURICE WILLIAMS, M.R.C.S., L.R.C.P., D.P.H.,
Medical Officer of Health of the County Borough and Port of Southampton,
Medical Superintendent of the Municipal Hospitals,
Medical Officer to the Education, Public Assistance,
and Mental Deficiency Acts Committees,
Medical Referee to the Southampton Crematorium.

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Health Department,
Civic Centre,
Southampton,

28th July, 1938.

Sir,

Annual Report - 1937.

In the third paragraph on page 8 of my Annual Report, I drew attention to the similarity in the number of deaths attributed to cancer in various forms, whereas the comparison I wished to make was the fact that deaths from all causes closely correspond in respect of various systems of the body.

I regret to trouble you in this matter, but shall be glad if you will be good enough to have the enclosed slips pasted over the appropriate paragraph.

I am, Sir,

Your obedient Servant,

(Signed) H.C.MAURICE WILLIAMS.

Medical Officer of Health.

The Secretary,
Ministry of Health,
Whitehall,
London, S.W.1.

Enclosures.

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Southampton:
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MCMXXXVIII.

CONTENTS.

PAGE

General Observations 7–19

Statistical Summary 20

Health Services and Sanitary Circumstances ... 23

Vital Statistics—Births, Deaths, and Infantile Mortality 33

Maternity and Child Welfare 51

Notifiable Infectious Diseases 81

Venereal Diseases 101

Tuberculosis and Cancer 111

Municipal Hospitals and Laboratories 145

Mental Deficiency Acts and Mental Treatment Act 167

Miscellaneous 177

Housing 185

Sanitary Services and Food and Drugs Acts... ... 195

Port Health Authority 215

Detailed Index pages 281–283.

LIST OF COMMITTEES CONCERNED WITH THE WORK OF THE DEPARTMENT.

HIS WORSHIP THE MAYOR (Councillor G. E. H. Prince), *ex-officio* Member of Committees.

HEALTH COMMITTEE.

Chairman: Alderman Mrs. L. M. Foster Welch, J.P.

Alderman F. R. Brown, J.P.
Alderman T. H. Sanders.
Alderman H. Vincent, J.P.
Alderman F. Woolley, J.P.
Councillor J. Austin.
Councillor G. H. Barendt, M.B., B.S.
Councillor H. H. Castle, M.R.C.S., L.R.C.P.
Councillor A. Effeny.
Councillor Mrs. V. F. King, B.A.
Councillor Mrs. B. Leach.
Councillor W. Lewis.
Councillor E. Sakoschansky, M.R.C.S., L.R.C.P.
Councillor Mrs. B. M. Sakoschansky.
Councillor A. E. Udall, J.P.
Councillor L. B. Whiteman.

MATERNITY AND CHILD WELFARE COMMITTEE.

Chairman: Alderman Mrs. L. M. Foster Welch, J.P.

The Members of the Health Committee, together with the following co-opted Members:—

Mrs. E. Harvey.
Mrs. R. Poulton.
Mrs. J. T. Robb, J.P.
Mrs. E. M. Turnbull.

MENTAL DEFICIENCY ACTS COMMITTEE.

Chairman: ALDERMAN MRS. L. M. FOSTER WELCH, J.P.

ALDERMAN H. J. BLAKEWAY.
ALDERMAN T. H. SANDERS.
COUNCILLOR I. BAKER.
COUNCILLOR J. C. DYAS.
COUNCILLOR MRS. V. F. KING, B.A.
COUNCILLOR MRS. B. LEACH.
COUNCILLOR W. A. J. NEWBY, I.S.M.
COUNCILLOR W. F. PENNY.
COUNCILLOR MRS. B. M. SAKOSCHANSKY.
COUNCILLOR MRS. R. M. STONEHOUSE.
COUNCILLOR W. C. TOMLINS.
MRS. L. E. MILLARD ARNOLD, B.SC.
MRS. A. J. BEER.
MRS. E. M. H. MORGAN.
MRS. E. J. SLEEP.
MR. R. C. ASHBY, C.B.E.
MR. C. H. SCRUTON.

HOUSING COMMITTEE.

Chairman: ALDERMAN W. D. BUCK.

ALDERMAN P. V. BOWYER, J.P.
ALDERMAN SIR SIDNEY KIMBER, J.P.
ALDERMAN H. VINCENT, J.P.
ALDERMAN MRS. L. M. FOSTER WELCH, J.P.
COUNCILLOR G. B. BASCOMB.
COUNCILLOR P. W. BLANCHARD.
COUNCILLOR T. F. F. BROOK.
COUNCILLOR H. H. CASTLE, M.R.C.S., L.R.C.P.
COUNCILLOR A. W. CROOK.
COUNCILLOR A. E. GOULDEN, J.P.
COUNCILLOR MRS. B. LEACH.
COUNCILLOR J. H. J. MATTHEWS.
COUNCILLOR J. E. MITCHELL.
COUNCILLOR MRS. M. O'HIGGINS.
COUNCILLOR R. N. SINCLAIR.

STAFF OF THE PUBLIC HEALTH DEPARTMENT.

(A.) FULL TIME.

Medical Officer of Health ...	H. C. Maurice Williams, M.R.C.S., L.R.C.P., D.P.H.
Deputy Medical Officer of Health	G. E. B. Payne, M.D., M.R.C.S., L.R.C.P., D.P.H.
Clinical Tuberculosis Officer ...	W. D. Beck, M.D., M.R.C.S., L.R.C.P.
Clinical Venereal Diseases Officer and Pathologist	L. H. Macdonald, M.B., CH.B., M.R.C.S., L.R.C.P.
Senior Assistant School Medical Officer	G. D. Pirrie, B.A., M.B., B.CH., M.R.C.S., L.R.C.P., D.P.H.
Assistant Medical Officers of Health	Dora E. L. Bunting, M.D., D.P.H. A. Carling, B.M., B.CH., M.R.C.S., L.R.C.P., D.P.H. Julia C. H. Avery, M.D., M.R.C.S., L.R.C.P., D.P.H. S. C. Parry, M.A., M.R.C.S., L.R.C.P., D.P.H.
Resident Medical Superintendent, Borough Hospital	M. K. Jardine, M.B., CH.B.
Assistant Resident Medical Officer, Borough Hospital	E. A. Hoare, M.R.C.S., L.R.C.P.
Junior Resident Medical Officer, Borough Hospital	J. L. Ryce, B.M., B.CH.
Resident Obstetric Medical Officer	D. R. Beaton, M.B., CH.B.
Resident Medical Officer, Isolation Hospital	J. Thomson, M.B., CH.B.
Junior Resident Medical Officer, Isolation Hospital	Ruby J. B. Slater, M.B., CH.B., D.P.H.
Matron, Borough Hospital ...	Miss E. M. Hillier.
Deputy Matron, Borough Hospital	Miss E. W. Ryder.
Matron, Isolation Hospital ...	Miss D. James.
Deputy Matron, Isolation Hospital	Miss M. E. Buckland.
Senior School Dental Officer ...	K. W. Eady, L.D.S.
School Dental Officers ...	L. J. Haworth, L.D.S. H. E. Pickering, L.D.S. B. M. A. Gilbert, L.D.S.
Chief Sanitary Inspector ...	W. J. Langford, Cert. R.S.I., R.P.C.
Chief Port Sanitary Inspector ...	W. H. J. Hurst, Cert. R.S.I.
Senior Housing Inspector ...	E. B. Rose, Cert. R.S.I.
Superintendent Health Visitor ...	Miss C. M. Ritchie, S.R.N.
Supervisor of Midwives	Miss F. E. Lambert, S.R.N., S.C.M.
Chief Clerk	C. Masterman.

(B). PART TIME.

Visiting Physician, Borough Hospital	D. FISHER, M.B., CH.B.
Visiting Surgeon, Borough Hospital	H. J. NIGHTINGALE, M.S., F.R.C.S. (Eng.).
Deputy Visiting Surgeon, Borough Hospital	S. N. LYTLE, F.R.C.S. (Eng.).
Visiting Obstetrician and Gynæcologist	R. W. KNOWLTON, M.A., M.D., F.R.C.S. (Eng.), M.C.O.G.
Consulting Orthopædic Surgeon	H. H. LANGSTON, F.R.C.S. (Eng.).
Visiting Anæsthetist, Borough Hospital	G. G. HAVERS, M.R.C.S., L.R.C.P., D.A.
Radiologist	W. F. H. IVES, L.R.C.P., L.R.C.S., L.F.P.S.
Ophthalmic Surgeon	J. KEYMS, B.A., M.B., B.CH., B.A.O.
Aural Surgeon	A. RUSSELL, M.B., CH.B.
Speech Therapist	A. P. TOLFREE.

District Medical Officers :—

No. 1 District	P. O'CONNELL, L.R.C.P., L.R.C.S.
No. 2 ,, ...	S. B. CHAMBERS, M.R.C.S., L.R.C.P.
No. 3 ,, ...	A. J. GRIMSTON, M.B.
Nos. 4 and 5 Districts ...	H. W. JAMES, M.R.C.S., L.R.C.P.
No. 6 District	C. B. BROWNLIE, M.B.
No. 7 ,, ...	R. J. VERNON, M.B.
No. 8 ,, ...	P. M. ROBERTS, M.B.
No. 9 ,, ...	N. P. PRITCHARD, M.R.C.S., L.R.C.P.
No. 10 ,, ...	W. A. ELLIOTT, M.B.

Public Vaccinators :—

No. 1 District	E. A. SAUNDERS, M.R.C.S., L.R.C.P.
No. 2 ,, ...	J. E. A. SIMPSON, M.B.
Nos. 3 and 4 Districts ...	T. F. COLFER, M.B.
No. 5 District	C. B. BROWNLIE, M.B.
No. 6 ,, ...	R. J. VERNON, M.B.
No. 7 ,, ...	P. M. ROBERTS, M.B.
No. 8 ,, ...	M. M. WICKHAM, M.B.
No. 9 ,, ...	W. A. ELLIOTT, M.B.

County Borough and Port of Southampton.

ANNUAL REPORT

OF

The Medical Officer of Health.

To the Mayor, Aldermen and Councillors of the
County Borough of Southampton.

Mr. Mayor, Ladies and Gentlemen,

In accordance with the statutory duty placed upon me as your Medical Officer of Health, I submit for your information and consideration my Annual Report for the year 1937.

Since the date of my appointment in 1931, seven Annual Reports have been published, over my signature, and on each occasion I have recorded the progress that has taken place in the development of the Health Services during the year under review. This year, in this introduction, I propose to draw attention to a number of matters of interest contained in the statistical tables.

After dealing with the statistics, I propose to give an epitome of the various sections of the Health Services, with comments on the principal features of interest, and suggestions for future developments.

In dealing with health matters there is not the spectacular return often evidenced in trading companies, yet when one considers the question a little more deeply, the prevention of sickness and disease is the basic foundation of the country's wealth by preserving the mental and physical output of its people.

It will be noticed that the estimated population of the Borough, in accordance with the Registrar-General's findings, has increased by 1,300 to 178,700, whereas last year the increase calculated was only 200. I anticipate that when the next census is taken in 1941, the population of Southampton will be appreciably in excess of the figures given by the Registrar-General in the last census.

The rainfall for 1937 was 32.88 inches. This, with the exception of 1935, was one of the wettest years experienced in Southampton for a considerable time. Nearly 14 inches of rain fell during the quarter ended March, 1937. July was the driest month, with only .94 inches of rain, whereas August had the highest number of sunshine hours during the year, namely, 228.7.

With regard to the death rate, there was a slight increase from 11.99 in 1936 to 12.2 in 1937. This increase was due to an epidemic of influenza, which accounted for no less than 63 deaths, as compared with eight in 1936. The majority of these deaths were of persons over 55 years of age.

Cancer, tuberculosis and chronic heart disease were responsible for most of the deaths. In studying the deaths in 1936–1937 it is surprising to find how closely they correspond to the various systems. For instance, deaths from diseases of the nervous system in 1936 numbered 169, and in 1937 the figure was 158; deaths from diseases of the respiratory system in 1936 numbered 218, and in 1937, 217; and deaths from diseases of the digestive system in 1936 numbered 105, and in 1937, 110.

It is quite obvious that if there is to be a decrease in the number of deaths from cancer, Local Authorities will have to initiate clinics or come to some arrangement for its earlier diagnosis, and also educate the public to submit to periodical medical examination, and consult their doctors whenever there is the slightest suspicion of a growth.

Cancer can be cured in the great majority of cases if dealt with either by operation or radium in its earliest stages. It is only when treatment is delayed that the growth is able to get a hold, and thus the surgical and radium forms of treatment are unsuccessful.

Cancer accounted for 313 deaths, out of a total of 2,217.

With regard to heart disease, the number of deaths recorded numbered 755. Most of these deaths occurred amongst the aged population, but it is evident that many of the conditions were the result of rheumatic infections in earlier life which had not received appropriate treatment. The establishment of rheumatic and heart clinics by Local Authorities in various parts of the country, whereby the sufferers are given the appropriate rest and treatment, will in the future, it is hoped, have a marked effect on the incidence of cardiac lesions in later life.

With regard to deaths from infectious disease, it is pleasing to note that there were no deaths from measles, whereas in 1936 29 deaths were attributed to this disease.

There was also a reduction in the number of deaths from diphtheria, the figure being 10, as compared with 15 in 1936.

Most of the deaths occurred between the ages of 5 and 15 years.

Two hundred and sixty-seven cases of diphtheria were notified during the year, as compared with 741 in 1934 and 787 in 1935. Since immunisation was introduced there has been a gradual drop to the present figure. Of course, one does not claim that immunisation is altogether responsible for this reduction. The epidemic which took place in 1934 and 1935 affected a big proportion of the susceptibles to this disease, and, as is usually the case after an epidemic, the incidence dropped considerably. This will obtain for some years until another susceptible population grows up. This is the reason why every effort has been made to immunise children as soon as possible after the first year. Up to one year of age the majority of children are supposed to have sufficient natural immunity against the disease.

A special article is contained in the Report on the comparison between two methods of immunisation. These figures, though limited in number, do illustrate very definitely that the " three-shot " method of immunisation has a greater degree of immunity than the " one-shot," a method which was introduced at a later date and which is now being revised.

With regard to tuberculosis, the total number of deaths was 129, as compared with 131 in 1936. It is rather surprising that there was a drop from 94 to 77 in the male deaths, and an increase from 37 to 52 in the female deaths, as compared with 1936. The comparative figures given for England and Wales for the respective sexes remain practically the same as last year. These differences must be accepted as a coincidence, as I have no knowledge of any social condition which might have influenced the death rate amongst the two sexes.

Deaths from non-pulmonary tuberculosis showed a slight increase, and it is now definitely established that the great majority of cases of non-pulmonary tuberculosis become infected by the drinking of milk containing living bovine bacillus. The question of compulsory pasteurisation throughout the country is long overdue.

There are two features in connection with the death returns which merit special note, for they are undoubtedly greatly influenced by the social activities of the Health Services. I refer to the maternal mortality and the infantile mortality rates. For the year there were recorded five maternal deaths, giving a rate of 1.76 per thousand live births. This figure is the lowest ever recorded in Southampton, and compares with the national rate of 3.23 and the Southampton rate for 1936 of 4.25. It is rather early to predict that our rate will continue at this low figure, but it is gratifying to note that such a low rate has been obtained, and every endeavour will be made to maintain or reduce it even further by the extension of ante-natal supervision, the provision of institutional beds, and an improvement in the domiciliary midwifery service.

The infantile mortality rate of 48.6 per thousand live births is also one of the lowest rates recorded in Southampton. In no section of the Health Services can such a magnificent illustration of their value be demonstrated as that which is shown to have taken place in the infantile mortality rate during the present century. The average rate for the five-year period, 1897–1901, in Southampton was 159, whereas for the five-year period, 1932–1936, the rate was 52. This represents a saving of more than 100 infants per thousand born each year. The better living and housing conditions, and enlightened parents who receive instruction at welfare centres on infant care and nurture, and the supply of milk and other foods to necessitous parents, have all played an important part in this reduction. In certain foreign countries where the social services have not been developed the infantile mortality rate still remains very high.

Amongst the 138 deaths of infants under one year, premature births accounted for 43, and pneumonia for 25.

The number of marriages in 1937 was 1,679, a reduction of 16 compared with the previous year.

It is interesting to note that, although Southampton's marriage rate for 1937 shows a reduction, the rate for England

and Wales has slightly increased. This is rather extraordinary considering the improvement in local economic conditions.

In my Report this year the Borough Engineer has given details of the drainage scheme in the Borough. It is particularly gratifying that the drainage from the western part of the town is now complete. The site chosen for the disposal works has many advantages. The fact that these works are at some distance from the commercial and residential parts of the town obviates the nuisance arising from filter bed flies which is experienced in the St. Denys area.

Having drawn your attention to the principal features of note in the statistics, it is well to review the progress in each section of the Public Health Services during the year.

HOUSING.

The outstanding feature in health reform is the advance that has been made during recent years to rid the town of its insanitary houses. Slum clearance is, without a doubt, the first essential as a means to a healthy race of people.

Since 1932, 874 houses have been demolished in the County Borough, and I would like to express my thanks to the Housing Committee for supporting me in my endeavour to clear the town of unfit dwellings.

The overcrowding survey revealed the existing state of overcrowded houses as 2.2%. This state will be relieved in the near future, when proper accommodation is provided in the flats and houses which are to be built on the Kingsland site, and on land on the outskirts of the Borough. Overcrowding of families plays a big part in the spread of infectious diseases, the chief amongst which is tuberculosis.

MATERNITY AND CHILD WELFARE.

With regard to the Maternity and Child Welfare Service, I have already dealt with the exceptionally low death rates in connection with the maternal mortality and infantile mortality for the year.

The midwifery domiciliary service, established by the Council in accordance with the Midwives Act, was started on the 31st July, and I have included a comprehensive Report which was submitted to you prior to the scheme coming into operation. The scheme has worked admirably. In my Report for 1938 I shall be able to give you further details regarding the actual cost to the Local Authority, and suggestions for its future expansion.

The Maternity Unit was opened in May by the Chairman, Alderman Mrs. L. M. Foster Welch, J.P. The applications for admission is a clear indication that this Unit fills a long-felt want in institutional treatment.

The Ante-natal Clinic, run in connection with the Maternity Unit in the Coxford area, is carrying out useful work for those living in the Coxford and Upper Shirley areas. A new infant welfare centre was opened at Cobden Bridge to serve that section of the Town and to relieve the Swaythling Welfare Centres, which have been overcrowded for a considerable time.

Now that Local Authorities have been asked to select first aid posts in connection with the Air Raid Precautions Scheme, it is worth considering the question of building ten welfare centres in different areas of the town on such lines that they can easily be converted into model first aid posts. There will undoubtedly come a time when the Air Raid Precautions Department will require Local Authorities to alter the structure of selected halls and buildings to serve this purpose, and, personally, I feel that it would be far preferable to have centres owned by the Local Authority which could be used for other health services.

A Mothercraft Circle has been started as an experiment at East Park Terrace, and has already proved very useful to expectant and nursing mothers. Advice can be obtained regarding the making of baby clothes and medical comforts.

An activity of the staff of the clinics which is much appreciated is a voluntary scheme for the supply of bedding, etc., free of cost, to those who are unable to afford to buy them.

I would like to express my appreciation of the work carried out by the Queen's Jubilee Nurses in the Borough. This service of domiciliary nursing is of great value to the Local Authority.

With regard to the use made of infant welfare centres, I would emphasize that the main purpose of these is to give advice on infant feeding, etc., and it is essential that these centres should not be allowed to develop into merely distributing centres for the issue of free milk and other foods. In this connection the Committee have recently investigated the number of applications made for a grant of free milk, and found that certain applicants, in order to obtain this grant, had deliberately given false information regarding the family income. This practice is most unfair to the ratepayers in general, who have to bear the expense of providing milk for people who are quite able to pay for it.

Although the actual amount of milk issued in 1937 has decreased, the number of separate families receiving supplies has increased.

This fact is somewhat surprising in view of the decrease.

I am very pleased to report that the attendances at the ante-natal and post-natal clinics have increased tremendously during the last year, the attendances for 1936 being 2,193, whereas for 1937 the figure was 7,033.

I would again like to draw attention to the difficulty experienced in enforcing the provisions regarding the notification of the receipt by foster parents of children accepted for reward.

It is necessary under the Act for foster mothers to give seven days' notice prior to the reception of a foster child, provided authority has not previously been obtained for other children.

It is necessary that this notice should be given, in order to enable the Council's officers to inspect the premises and investigate the circumstances of the foster mother who proposes receiving a child.

In some cases notification is not received until the child is actually with the foster parent, and where conditions are unsatisfactory, difficulty is experienced in either returning the child to its original home or finding a suitable foster parent.

Tuberculosis Service.

The fact that the death-rate from pulmonary tuberculosis in Southampton has been for many years considerably above the National rate is a matter of grave concern. It is therefore particularly gratifying that I can report for the year 1937 the lowest rate on record of deaths from this disease in the County Borough ; but this rate is still far from satisfactory. With the disadvantage from which Southampton suffers, in common with other seaport towns, due to the increased incidence of tuberculosis amongst seamen, it is only by concerted action and the extension of the service that we look forward to a rate comparable with inland towns.

Better housing should have a marked influence on the future incidence, but there is also better accommodation required for crews on some of our vessels, in order to reduce overcrowding in some of the living and sleeping quarters. Facilities should be provided for the drying of clothes, and part of the deck reserved for recreation and fresh air instead of the fuggy atmosphere of tobacco which is frequently found in the men's quarters.

The responsibility attached to these conditions cannot wholly be placed upon the ship owners. Seamen, as a class, are apt to spend their leisure hours playing cards and gossiping in overheated cabins, instead of getting out into the fresh air. It would, without doubt, repay the ship owners to provide on the larger boats means for gymnastic exercises and recreation for the crews on one of the decks. Such means would produce greater efficiency of work and a lower incidence of sickness.

Reference has been made earlier to the variation in the deaths for the year amongst the sexes, but there is one further fact in the statistics that deserves mention, namely, the notification and high incidence of tuberculosis amongst children in Southampton. Medical opinion is somewhat divided throughout the country on the question of childhood tuberculosis. The Clinical Tuberculosis Officer holds the view that most of the children showing evidence of hilar invasion will eventually develop into clinical cases, unless they receive the necessary care and treatment in early life. It is for this reason that the Council have made arrangements with the Berks and Bucks Sanatorium School to have available 25 beds for use by the County Borough for the treatment of tuberculosis in children.

The contact examinations during the year showed a slight decrease in the number examined as compared with the previous year, but I would like to acknowledge the conscientious manner in which the work of the department is carried out by the Clinical Tuberculosis Officer, his assistant, and the remainder of the staff.

The Council have in the course of erection 48 houses on a site adjoining the Sanatorium, principally for the rehousing of tubercular patients who are at present residing in unsatisfactory dwellings. A list of suitable tenants is being compiled, and before the end of the coming year the department hopes to be in a position to deal with at least the most urgent cases.

The opening of the new pavilion at the Isolation Hospital, consisting of 44 beds divided into single cubicles, with two eight-bedded wards, has made a big difference in reducing the waiting list for those in need of treatment. The additional advantage of this pavilion is the fact that it is equipped with a modern X-ray unit, and a theatre for carrying out pneumothorax induction and refills.

VENEREAL DISEASES.

With regard to the section of the Report that deals with Venereal Diseases, it will be noticed that the numbers of new cases of syphilis and gonorrhœa show increases on the average for the previous four years, and there is a slight increase in the total attendances at the Venereal Diseases Clinic. These increases do not of necessity indicate a greater incidence of these diseases in the Borough. They can, I believe, be accounted for in the first place by an improvement in shipping, with a consequent increase in the number of men employed. The great majority of these sufferers are non-residents of the Borough, and simply attend the Clinic on the return of the ship to this port. It is undoubtedly true to say that venereal infections are much more common amongst the seafaring community, who contract the infection in foreign ports. These infections frequently appear to be of a more virulent character than those contracted in this country. Shipping Companies should, I consider, pay more attention to this question by instructing their ships' surgeons to issue instructions to members of the crews. Further, the surgeons should make themselves conversant with the latest methods of treatment so that sufferers are not allowed to await arrival at their home port before receiving the appropriate treatment. It is also apparent that many of the victims seek advice and treatment from unqualified persons, such as hospital attendants, because they fear that on reporting the matter to the ship's surgeon their future employment might be jeopardised.

The second factor contributing to the increase is that many medical practitioners now consider quite rightly that the treatment of these conditions is one that necessitates specialised training, and therefore refer many cases to the clinic for treatment that they would have previously undertaken.

During the year a further advance has been made in the treatment of gonorrhœa by chemical products, such as sulphanilimide. Treatment of various infections with this drug and its allied products have been of the most spectacular nature, and will, I think, completely revolutionise the treatment of such conditions as erysipelas, septicæmia, and other infections of a similar nature. With regard to gonorrhœa cases, complete cessation of symptoms and presumably cure are recorded following the oral administration of these drugs without the application of any local treatment.

Some authorities advocate the compulsory notification of venereal disease by medical practitioners to the Local Authority. I feel that such an obligation would lead to a reluctance on the part of many patients to seek treatment, owing to the fear of exposure regarding their condition. I consider that the policy of complete secrecy of treatment is far better. Confidential talks between the medical officers and the sufferers, in order to make the latter realise the seriousness of the condition if treatment is neglected, is more likely to lead to a diminution in the incidence of these diseases. By means of these talks and the following up of defaulters, the rate in Southampton has been reduced by a further 3 per cent.

As to the future extension of this service, I feel that the Council should consider the advisability of building an irrigation treatment centre in or near the Docks. This would serve as a centre for prophylaxis, and, in addition, could be used for irrigations by those working on ships or in the Dock area, who at present find it difficult to attend the clinic in the town. The shipping companies might be approached with a view to bearing part of the cost for the establishment and maintenance of such a centre, for it would undoubtedly benefit the employers of labour by reducing the incidence of incapacity from work of those who suffer from this condition.

The engagement of a full-time medical officer for venereal diseases, who also carries out the bacteriological work for the Borough, has benefited this particular section of the Health Service beyond the expectations contemplated when the change was decided upon in 1932.

HOSPITALS.

I am pleased to report that the work of the Hospitals has been carried out in a satisfactory manner.

The appointment of an Almoner at the Borough Hospital and the operation of an Ambulance Service from the Hospital itself have been of great benefit. The increase in collections during the year has fully justified the establishment of such a department.

The Health Committee have considered the building of an up-to-date X-Ray Unit, and it is hoped that this will be started during 1938.

A Resident Obstetric Medical Officer was appointed to the staff of the Hospital during the year. Dr. G. H. Cowen retired from the position of Visiting Surgeon, after completing more than 25 years' service.

At the Isolation Hospital it is proposed to enlarge the kitchen to cater for the increased number of patients accommodated in the Tuberculosis Pavilion, which was opened during the year.

The question of further accommodation for nurses, in order to reduce the hours to 96 per fortnight, is receiving consideration by the Committee.

It is difficult to anticipate what the general policy is to be with regard to the housing of senior nurses in the future. The nursing profession may insist that the sisters and the senior nurses be permitted to become non-resident members of the staff, and this is the reason why I recommended the Committee to consider the purchase of bungalows close to the Borough Hospital as a temporary means of accommodation until some more definite policy is established in connection with this matter.

ORTHOPÆDIC.

With regard to the orthopædic work undertaken, Southampton is fortunate in having available the facilities offered by the Lord Mayor Treloar Cripples' Hospital at Alton. Not only are our patients certain of obtaining the very best treatment whilst in Hospital, but they have in addition the advantage that the Orthopædic Surgeon from this Hospital visits the Borough and selects cases in need of hospital treatment, and treats and advises those in need of out-patient treatment at the Clinic.

The Council have already agreed to the building of a new Orthopædic Centre, with artificial sunlight rooms and rooms for the administration of other forms of electrical treatment. Some delay has been caused in the issuing of tenders, owing to a legal difficulty regarding the boundary wall.

PUBLIC ABATTOIR.

The question of a Public Abattoir has now come before the Committee, and a report is being prepared for submission to the Committee on this matter.

ICE CREAM.

There is one matter which needs reviewing in the light of present knowledge, namely, the question of a bacteriological and chemical standard for ice cream. A standard on the lines of one of the designated milks would help local authorities in dealing with this question in a satisfactory manner.

Also there should be some standard regarding premises used for the manufacture and sale of this product.

I have included a special Report on an outbreak of paratyphoid B., which appeared to originate in the manufacture of ice cream.

THE SOUTHAMPTON CORPORATION ACT, 1937.

On the 30th July, 1937, the Corporation received the Royal Assent to the Private Bill of Parliament. The main purpose of the Bill was to empower the Corporation to provide a trolley bus service in place of trams, but certain clauses were also included relating to the following matters affecting the health of the Borough :—

PART V. INFECTIOUS DISEASE.

Section 37. Restrictions on attendance at schools and places of assembly.

Section 38. Power to close schools and exclude children from entertainments.

PART VI. FOOD.

Section 39. Food storage accommodation.

Section 40. Separate dwellings to be provided with food storage accommodation.

Section 41. Bye-laws as to food.

Section 42. Extension of powers of Section 72 of Public Health Act, 1925.

The powers provided by this Section in extending Section 72 of the Public Health Act of 1925 enabled the Council to take steps to prevent the risk of contamination in connection with the preparation and sale of food, with particular reference to the question of the cleanliness of drinking glasses in public houses.

It is now possible to insist on a satisfactory water supply, suitable washing sinks with sufficient supply of hot water, together with an adequate supply of soap and towels for the use of toilet purposes of persons employed therein.

Section 43. Further powers in relation to unsound food.

Section 44. Extension of Sections 116 to 119 of Public Health Act, 1875.

Section 45. Penalty on original vendor of unsound food.

Section 46. Power to prohibit persons in advanced state of tuberculosis from selling, etc., food.

Section 47. Medical practitioners to notify cases of food poisoning.

PART VIII.—HAIRDRESSERS' AND BARBERS' PREMISES.

Section 53. Registration of hairdressers' and barbers' premises.

This Section provides for the compulsory registration of all premises used by any person for the trade of hairdressing. Under Sub-Section 2, the Corporation are empowered to make Bye-laws for the purpose of securing the cleanliness of any premises registered, and Bye-laws for this purpose have now been approved by the Ministry of Health.

PART XI.—BOATS USED AS DWELLINGS.

Section 75.	Provisions as to vessels.
Section 76.	Restrictions on vessels on land.
Section 77.	Saving for certain vessels.
Section 78.	For protection of Southampton Harbour Board.

PORT MEDICAL WORK.

I have drawn attention to the more important developments of this work in my introduction to the Port Health Report, which will be found on page 217.

In conclusion, I would like to express my best thanks to the Chairman and Members of the Health and other Corporation Committees concerned with the work of the Health Department, for the courtesy and kindness with which they have received the many suggestions and recommendations that I have placed before them during the year ; and to the Members of my Staff I give my thanks for their conscientious and efficient work.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

H. L. Maurice Williams.

Medical Officer of Health.

REPORT.

STATISTICAL SUMMARY FOR THE COUNTY BOROUGH OF SOUTHAMPTON.

Area (land and inland water). Acreage		9,599
Area (including tidal water and foreshore)		11,109
Census Population, April, 1931		176,007
Population, estimated (middle of 1937)		178,700
Number of structurally separate dwellings (Census 1931)—		
Occupied	38,080	
Unoccupied on night of Census	1,125	
		39,205
Total private families therein (Census 1931)		45,550
Estimated numbers of structurally separate dwellings end of 1937		45,561
Rateable value (March, 1938)		£1,580,327
Sum represented by a penny rate		£6,127

Births—

Legitimate	Males	1,337	Females	1,382	Total	2,719
Illegitimate	Males	58	Females	59	Total	117
		1,395		1,441	Total	2,836

Birth-rate		15.87
Deaths		2,217
Death-rate (crude)		12.4
Death-rate (revised for age and sex incidence)		12.2
Number of women dying in, or in consequence of, childbirth	from Sepsis	2
	other causes	3
Deaths of infants under one year of age per 1,000 births		48.6
Deaths from Measles (all ages)		Nil
Deaths from Whooping Cough (all ages)		8
Deaths from Diarrhœa (under 2 years of age)		15

Death-rate from Tuberculosis, Cancer and maternal mortality in Southampton and England and Wales during the year 1937 :—

	Per 100,000 Population.					
	Southampton.			England and Wales. (provisional rates).		
	Males.	Females.	Persons.	Males.	Females.	Persons.
Respiratory Tuberculosis	87.6	55.4	71.0	70.2	47.5	58.4
Other Tuberculosis	13.7	7.6	10.6	12.2	10.1	11.1
Cancer	163.6	174.0	171.0	163.3	163.1	163.2

Maternal mortality (deaths primarily classed to puerperal conditions) :—

	Puerperal Sepsis.	Others.	Total.
Southampton—			
Per 1,000 live births ...	0.70	1.05	1.76
Per 1,000 total births ...	0.67	1.00	1.69
England and Wales—			
Per 1,000 live births ...	0.97	2.26	3.23
Per 1,000 total births ...	0.94	2.17	3.11

POPULATION.

The estimated population at the Census taken at midnight, 26th/27th April, 1931, was: Males, 85,478; females, 90,529; giving a total population for the County Borough at that period of 176,007. These figures showed an increase of 15,013, compared with the previous Census taken in 1921, an average of 1,500 per year during the ten-year period.

The present population of the County Borough, as estimated by the Registrar-General at the middle of 1937, is 178,700, an increase of 1,300 over that of the year 1936.

The following table gives a summary of temperature, rainfall and sunshine in Southampton during the year 1937 :—

Summary of the Records of Temperature, Rainfall and Sunshine in Southampton during the year 1937.

Abstracted from the Monthly Weather Reports of the Meteorological Office.

Month.	AIR TEMPERATURE IN DEGREES FAHRENHEIT.								RAINFALL.						BRIGHT SUNSHINE.		
	Means of		Means of A and B.	Deviation from Normal.	Absolute Maximum and Minimum.				Total Fall.		Percentage of average.	Most in a day.		No. of days on which 1mm. or more fell.	Hours per day.		Per cent. of possible.
	A Max.	B Min.			Max.	Date.	Min.	Date.				Amt.	Date.		Daily Mean.	Per-centage of average.	
									Ins.	Mm.	%					%	
January ...	48.3	39.0	43.7	+2.8	54	6th	28	29th	6.76	172	253	.72	17th	21	1.68	97	20
February ...	49.5	39.1	44.3	+3.2	55	14th	30	12th & 28th	5.63	143	247	.92	4th	23	2.30	86	23
March ...	46.7	34.7	40.7	—2.8	55	19th	27	10th	3.89	99	170	.72	6th	13	4.34	107	37
April ..	56.7	44.5	50.6	+2.9	64	23rd	38	27th	2.19	56	119	.41	14th	14	4.48	83	33
May ..	63.0	48.4	55.7	+0.8	74	29th	39	1st	2.96	75	149	.81	12th	13	6.08	90	39
June ...	68.0	51.4	59.7	+0.5	78	10th	44	3rd	1.43	36	71	.48	10th	5	7.13	97	43
July ..	68.8	55.4	62.1	—0.4	77	13th	48	8th	1.13	29	49	.40	15th	5	5.09	74	32
August ...	73.9	55.8	64.9	+2.8	84	7th	48	15th	1.24	31	47	.49	16th	6	7.15	114	49
September ...	65.6	49.7	57.7	—0.4	75	6th	42	11th	1.83	46	85	.48	9th	12	5.08	94	40
October ...	59.4	46.4	52.9	+1.0	67	2nd	38	16th	3.66	93	93	1.02	22nd	11	3.18	91	30
November ..	48.3	36.3	42.3	—2.4	56	3rd	24	21st	2.19	56	69	.87	22nd	8	2.09	91	23
December ..	43.9	35.3	39.6	—2.5	52	1st, 22nd and 23rd	26	6th	5.81	148	159	1.80	7th	14	1.14	73	14
Year ...	57.7	44.6	51.2	+0.46	84	7th Aug.	24	21st Nov.	38.72	984	125.9	1.80	7th Dec.	145	4.15	91.14	31.92

General Provision of Health Services,

and

Sanitary Circumstances of the Area.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

The following particulars are inserted by the request of the Ministry of Health.

Hospitals provided or subsidized by the Local Authority.

A. (1) Borough Hospital.

This Hospital, previously known as Shirley Warren Infirmary, was on the transfer of the functions of the Poor Law Guardians under the Local Government Act, 1929, appropriated by the County Borough Council for the purpose of a general Hospital, and for the reception of the sick under the Public Health Acts. The administration and control of the Hospital were delegated by the Borough Council to the Health Committee.

A detailed Report on the Borough Hospital is given on pages 146-152.

(2) Isolation Hospital.

This Hospital, known as the Southampton Isolation Hospital and Sanatorium, was opened in 1900, and is situated at Millbrook within the County Borough.

The Hospital is constructed of brick, and stands on high ground, sloping to the south. The buildings consist of an entrance lodge, out-bathing station, mortuary, administration block, five pavilions, one of which was erected in 1905, laundry, ambulance block, disinfector, and other buildings. In addition to this accommodation there are two huts, containing 16 beds each, which were erected for the reception of military cases in 1916.

The total number of beds provided for infectious cases is 123, and 25 cots; together with 92 beds for the treatment of Tuberculosis, as shewn under the heading, B (1) Tuberculosis.

Provision has been made for any future extensions necessary, the buildings having been arranged with that end in view. The original site contained 10.25 acres, and in 1915 the Corporation acquired the adjoining land and buildings, which comprised an additional area of about 44 acres, making a total of 54.25 acres, but in 1937 the Health Committee transferred to the Housing Committee 4.5 acres for the building of 48 houses, leaving the present acreage of land belonging to the Health Committee at 49.75 acres.

(3) SMALL POX HOSPITAL.

The Small Pox Hospital is situated at Millbrook Marsh, on a triangular piece of land 21.30 acres in extent. It is bounded on the south side by the Southampton Water, on the east by the new Docks Extension, and on the north side by the sewage works in the course of construction. Accommodation for 30 cases is provided in three huts, and one observation hut. Staff quarters, disinfection hut, laundry, and other offices are provided.

The land has been divided into three portions: 5.68 acres for the Small Pox Hospital, 13.83 acres for sewage disposal works for the western district of the Borough, and 1.25 acres reserved for a recreation ground. A strip of land, 0.54 of an acre in extent, has been disposed of to the Southern Railway.

(4) ROYAL SOUTH HANTS AND SOUTHAMPTON HOSPITAL.

This is a voluntary Hospital, containing 280 beds. The Southampton Corporation make an annual grant to this Hospital of £1,050.

(5) SOUTHAMPTON CHILDREN'S HOSPITAL.

This is a voluntary Hospital for the treatment of children, and contains 55 beds. The Southampton Corporation make an annual grant to this Hospital of £250.

(6) FREE EYE HOSPITAL.

This is a voluntary Hospital of 26 beds, specialising in the treatment of eye conditions. The Southampton Corporation make an annual grant to this Hospital of £15 15s. 0d.

B. (1) TUBERCULOSIS.

Ninety-two beds are available for the treatment of cases of tuberculosis in three pavilions set aside for this purpose at the Isolation Hospital.

The new pavilion of 44 beds for the treatment of this condition was opened in 1937. Details of this will be found on page 126.

Forty-five beds are also provided in the Borough Hospital for the treatment of tuberculosis. These beds are chiefly used for the treatment and isolation of advanced cases.

(2) MATERNITY.

A Maternity Unit of 49 beds, attached to the Borough Hospital, was opened during 1937, and details are given on page 147.

Ambulance Facilities.

(a) FOR INFECTIOUS CASES.

Three motor ambulances, with the necessary staff for the removal of infectious cases, are provided by the Corporation.

(b) FOR NON-INFECTIOUS AND ACCIDENT CASES.

Two ambulances are provided by the Health Committee, and are used for the removal of cases to the Borough Hospital.

For non-infectious and accident cases, ambulances are provided by the Fire Brigade, the Red Cross Society, and the Public Assistance Committee.

Clinics and Treatment Centres.

The following Clinics and Treatment Centres are provided by the Local Authority :—

Maternity Centre and Infant Clinic...	No. 23, East Park Terrace.
Ditto	Sydney House, Bitterne.

Welcomes for Mothers and Infants :—

Sydney House, Bitterne.
Holy Trinity Institute, Winton Street, Kingsland.
Rechabite Hall, St. James' Road, Shirley.
Congregational Hall, Cobden Avenue, Bitterne Park.
Eastern District Schools, Albert Road.
Salvation Army Hall, Millbank Street, Northam.
St. Mark's Institute, Victoria Road, Woolston.
Bowden Lane Mission, Bowden Lane, Portswood. (Monday and Thursday.)
Congregational Schoolrooms, Bramston Road, Shirley.

Tuberculosis Dispensary ... ... (See pages 112-141).	No. 1, East Park Terrace.
Ditto	Sydney House, Bitterne.

School Clinic (see separate Report)	East Park Terrace.
Ditto	Sydney House, Bitterne.
Ditto Branch	Swaythling.
Ditto Branch	Shirley Warren.

Treatment Centre for Venereal Diseases (see pages 102-110).	East Park Terrace.
Ditto (Females)	No. 23, East Park Terrace.
Ditto (In-Patients)	Borough Hospital.

Professional Nursing in the Home.

(a) GENERAL.

Nursing is provided by the Queen Victoria Jubilee Nurses' Institute for cases brought to their notice by the Health Visitors. A grant is made by the Council to the Institute in aid of this work. Particulars of the work carried out by the Institute is given on page 61.

(b) INFECTIOUS DISEASES.

Cases where proper isolation or adequate nursing arrangements cannot be provided in their homes are removed to the Isolation Hospital for treatment. Cases of measles, chicken pox and other diseases coming to the knowledge of the department are visited by the Health Visitors, and, if necessary, removed to the Isolation Hospital. Disinfection is carried out at the home after removal or recovery of cases, and the bedding and other articles removed to the West Quay Disinfecting Station.

Midwives.

The number of midwives practising in the area during the year was 42, all of whom are certificated midwives.

On the 30th July, 1937, a Municipal Midwifery Service was commenced, and details are given on page 52.

Maternity and Nursing Homes.

The following is a record of the action taken during the year :—

(1)	Number of applications for registration ...	3
	Ditto withdrawn	2
(2)	Total Number of Homes registered ...	24
(3)	Number of orders made refusing or cancelling registration	nil
(4)	Number of appeals against such orders ...	nil
(5)	Number of cases in which such orders have been	
	(*a*) Confirmed on appeal	nil
	(*b*) Disallowed	nil
(6)	Number of applications for exemption from registration	nil
(7)	Number of cases in which exemption has been granted :—	
	(*a*) Granted	nil
	(*b*) Withdrawn	nil
	(*c*) Refused	nil

Chemical Work.

The chemical work is carried out by the Public Analyst in the Borough Laboratory.

Legislation in Force.

LOCAL ACTS DEALING WITH SANITARY MATTERS:

The Southampton Improvement Act, 1844. The Southampton Corporation Act, 1910. The Southampton Corporation Act, 1931. The Southampton Corporation Act, 1937.

GENERAL ADOPTIVE ACTS.

Public Health (Amendment) Act, 1890, except Part IV. Public Health (Amendment) Act, 1907. Public Health Act, 1925.

BYE-LAWS.

Common Lodging Houses; Houses let in Lodgings; Slaughter-houses; New Streets and Buildings; Drainage of existing houses; Tents, vans, sheds or other similar structures; For the prevention of nuisances arising from snow, filth, dust, ashes and rubbish, and for prevention of keeping of animals on any premises so as to be injurious to health; Spitting in public places; Offensive Trades.

Draft Bye-laws for the supervision of Hairdressers' premises are at present under consideration.

MORTUARY.

A new Mortuary was opened on the 4th February, 1936, and details of this were given in my Report for the year 1935.

The accommodation provided is of a high standard, and considered adequate to meet all the needs of the Borough for many years to come.

It has already been reported, but it would be well to state that the building is situated in the grounds of the Disinfecting Station at Western Esplanade, Southampton, and kept entirely separate from that building, with an entrance from the main road in close proximity to the Docks and Port, and in a position considered suitable to meet all the requirements of the town. The building itself is pleasant to look upon, being built of red brick, lying well back from the road.

The facilities available for the reception of bodies, viewing by the relatives, post-mortem examinations, and all other requisites have been very carefully considered, and are much appreciated by those whose duty it is to visit the Mortuary.

SANITARY CIRCUMSTANCES OF THE DISTRICT.

The following particulars have been kindly supplied by the Waterworks Engineer :—

SOUTHAMPTON CORPORATION WATERWORKS.

The statutory area of supply of the Corporation's Water Undertaking extends to 225 square miles, and includes, in addition to a large country district, the Boroughs of Southampton, Romsey, and Eastleigh.

The whole of the present supply is derived from wells and adits in the upper chalk at Otterbourne, Twyford and Timsbury, where the Pumping Stations of the Undertaking are situated. The Corporation has powers to abstract water from the River Itchen at Otterbourne for water supply purposes, and to meet future requirements, the river supply will be used as may be necessary to augment the supplies from the existing wells.

The water from the Corporation's wells is a typical chalk water, clear and bright in appearance, free from solid matter in suspension, and having a total hardness of about 16° Clark's scale. At each of the Pumping Stations the water is softened down to about 8° before distribution. All water is sterilised by means of the Chloramine process before being pumped to supply, and is submitted to frequent and regular examination. It is of a high degree of purity.

During the year ended 31st March, 1938, the average daily consumption throughout the Corporation's area of supply was 9,804,000 gallons, with a maximum day's supply of 11,166,000 gallons. The estimated average daily consumption per head of population supplied during the year in question was 31.85 gallons, of which 20.56 gallons were used for domestic purposes, and the remaining 11.29 gallons for trade and other metered supplies.

Samples of water are regularly taken from the various sources and submitted to bacteriological examination.

The following table shows the number of samples taken, source, and the result of the examination :—

BACTERIOLOGICAL EXAMINATION OF WATER, 1937.

Description of Water.	Total Number of Samples.	B. Coli. in Samples.			
		Absent in 100 c.cs.	Present in 100 c.cs. Absent in 50 c.cs.	Present in 50 c.cs. Absent in 10 c.cs.	Present in 10 c.cs. Absent in 1 c.c.
Otterbourne—					
Well ...	25	6	7	5	7
Treated ...	28	28	Nil	Nil	Nil
Twyford—					
Well ...	68	42	11	7	8
Treated ...	29	23	5	1	Nil
Timsbury—					
Well ...	26	6	8	5	7
Treated ...	31	24	6	1	Nil

SEWAGE DISPOSAL AND CLOSET ACCOMMODATION.

The Borough Engineer has kindly given the following revised account of the drainage scheme of the Borough :—

The whole of the area administered by the Corporation is sewered, but cesspools remain in various new roads awaiting the putting into force of the Private Street Works Act 1892.

During the year, Upper Bitterne and several estates at Bassett have been provided with main Drainage. There are 175 cesspits and 19 night soil buckets which are cleared by the Council's men.

The sewage is treated at four disposal works ; situate at Chapel Wharf, Woolston and Portswood, on the River Itchen ; and Millbrook on the River Test.

After screening, at Chapel Wharf, the Sewage is treated by continuous flow settlement, the tanks being emptied and " sludged " as necessary, the sludge being lifted by ejectors to an elevated tank on the quayside, discharged into barges, and deposited at sea off the Nab, in an Admiralty scheduled " spoil area."

The effluent from the tanks discharges into the tidal portion of the river, where there is sufficient dilution for purification purposes.

The sewage at the Woolston Works, after passing through detritus tanks to remove grit, is treated by continuous flow settlement, the effluent passing into the River Itchen, where it is adequately diluted, the sludge is ejected to a storage tank and from thence barged out to sea.

The Portswood Works are situated in a much narrower part of the river Itchen, therefore thorough filtration and purification is arranged, recent analyses having shewn on occasions only 0.56 parts per 100,000 for solids in suspension on discharge.

The works are in two parts, a pumped system which brings in the sewage from the low-lying St. Denys area, in addition to the flow from Bassett, Swaythling, and Bitterne Park, and a gravitational system which deals with that from Highfield and Portswood.

The sewage in both cases passes through screens, detritus chambers, continuous flow settlement tanks, rotary filters, and humus tanks, the effluent then discharging into the river Itchen. The sludge is ejected to a storage tank and then barged out to sea.

The Shirley Drainage Scheme is now in full operation, having been opened on the 27th October, 1937.

It comprises the sewerage of the western half of the Borough, the Parish of Millbrook, and part of the Parish of Chilworth, a total area of 2,250 acres, by means of large trunk sewers discharging to Sewage Disposal Works, Millbrook Point, on the River Test.

The sewage is screened, and pumped through detritus tanks into settlement tanks from which the effluent discharges through a 5ft. diameter outfall pipe under the jetty, which is 900 feet in length.

The sludge is ejected to a sludge tower from which it gravitates to barges at the end of the jetty, and is then taken out to sea.

The installation of a chlorination plant is in progress.

The average daily dry weather flow treated at each of the Works is :—

Chapel Wharf (estimated) ...	2,500,000	gallons per day.
Woolston (measured) ...	732,000	,, ,,
Portswood—		
Pumped System (measured) ...	1,300,000	,, ,,
Gravitational System (estimated) ...	450,000	,, ,,
Shirley (measured) ...	2,425,000	,, ,,
The total D.W.F. is therefore	7,407,000	,, ,,

SCAVENGING.

The scavenging of the Borough is carried out under the supervision of the Borough Engineer's Department, and consists of street cleansing, gully emptying, and the collection and disposal of house and trade refuse.

During the year 1936-37, approximately 54,000 tons of refuse were collected from 49,000 premises.

Part of this was disposed of by controlled land tipping, part by barging to sea. On 29th June, 1937, a Refuse Disposal Plant, which had been erected at Chapel Wharf at a cost of £17,643, was opened by the Mayor ; and since that date the barging of refuse to sea has been discontinued.

The refuse is discharged from collection vehicles into a hopper, and is transferred, by an elevating conveyor, past a magnetic separator for removal of ferrous metals, into a barrel screen which removes the dust and ashes from remainder.

The scrap metal and tins are bundled into bales, which are sold as salvage, and the dust is conveyed into a storage hopper, to be used to cover the controlled tips, or used by farmers.

The combustible material passes from the screen along a belt conveyor, further material being salvaged, and is delivered into forced draught furnaces which are mechanically clinkered.

VITAL STATISTICS.

Births, Deaths and Infantile Mortality.

BIRTHS.

The total number of births occurring among residents of the Borough was 2,836, as compared with 2,820 in the previous year. The actual number of births registered in the Borough was 2,925, of which 171 were non-resident, and 82 births occurred in other districts amongst residents of Southampton.

The birth-rate was 15.87, which is an increase of 0.17 compared with the previous year. The birth-rate in 1936 was 15.70, as compared with an average of 16.9 for the previous ten years.

The excess of births over deaths was 619, compared with 646 in 1936 and 676 in 1935.

The following were the birth-rates in the Municipal Wards during the year :—

Bitterne & Sholing	22.4	Trinity	13.6
Bitterne & Pear Tree	19.6	Bevois	12.9
Shirley	18.0	Portswood	12.4
Northam	17.7	Newtown	11.9
St. Nicholas ...	16.9	All Saints	11.5
Millbrook	16.8	Town	10.8
St. Denys	15.0	Freemantle ...	10.6
St. Mary's	14.8	Banister	8.6
Woolston	14.6		

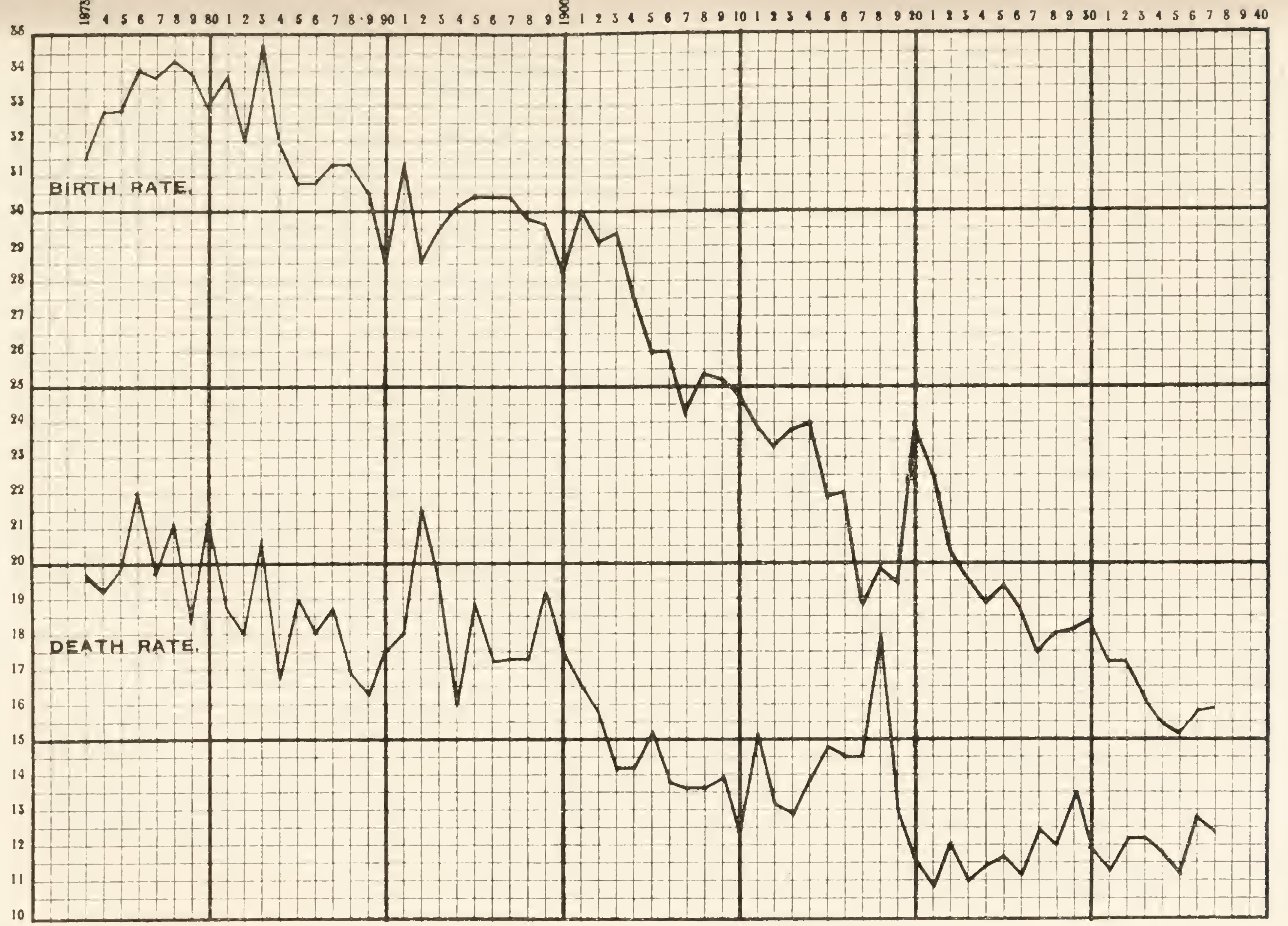
Of the total of 2,836 births, 1,395 were males and 1,441 females, being in the proportion of 968 males to every 1,000 females.

The number of illegitimate births recorded was 117, the proportion to every 1,000 births registered being 41.

The birth-rate in England and Wales for 1937 was 14.9, and the same for the 125 Great Towns

The Notification of Births Act came into operation in the Borough on the 9th March, 1908. This Act requires any person in attendance upon the mother within six hours after the time of birth, to notify the Medical Officer of Health in writing of such birth within thirty-six hours of the birth having occurred.

The number of notifications received under the Act during the year was 2,959, including 102 relating to still births.



BIRTH & DEATH RATES, PER 1000 OF THE POPULATION IN SOUTHAMPTON SINCE 1873

The number of notifications of births received under the Notification of Births Act during the last five years are shown in the following table :—

Notified by—	1933.	1934.	1935.	1936.	1937.
Doctors and Parents ...	749	724	524	736	519
Midwives	2,214	2,064	2,043	2,147	2,338
	2,963	2,788	2,567	2,883	2,857
Percentage of live births notified	98.0	95.1	92.9	95.8	97.6

DEATHS.

The death-rate of the County Borough for the year was 12.4 per 1,000 of the population, being an increase of 0.29 compared with the previous year. The average death-rate for the previous ten years was 12.1.

The total deaths registered in the Borough amounted to 2,231, of which 186 were non-residents. One hundred and seventy-two deaths of residents of the Borough occurred in other districts in England and Wales. The total deaths of residents of the Borough was therefore 2,217, of which 1,215 were males and 1,002 females.

The death-rate in each of the Municipal Wards per 1,000 of the population was :—

St. Nicholas ...	7.7	All Saints	12.9
Bitterne & Sholing	10.0	Newtown	13.2
Bitterne & Pear Tree	10.7	Portswood	13.5
Shirley	10.7	Freemantle ...	13.6
Banister	11.1	Trinity	14.7
St. Denys	11.4	Bevois	15.5
St. Mary's	11.6	Northam	16.9
Millbrook	11.7	Town	19.2
Woolston	12.4		

Of the 2,231 deaths registered in the Borough, 978, equal to 43.8 per cent., occurred in Public Institutions and Nursing Homes, compared with 45.5 per cent. in 1936 and 44.7 in 1935.

TABLE 1.

Showing Population, Birth Rates, Infantile Mortality Rates and Death Rates in each of the Municipal Wards for the Year 1937, together with the Average Rates for the previous Ten Years 1927—1936.

Ward.	Estimated Population, 1937.	1937.					Average Rates, Ten Years, 1927-1936.				
		Birth Rate.	Infantile Mortality per 1,000 Births Register'd	Death Rate from Zymotic Diseases. †	Death Rate from Pulm'ary Tuberculosis.	Death Rate from All Causes.	Birth Rate.	Infantile Mortality per 1,000 Births Register'd	Death Rate from Zymotic Diseases. †	Death Rate from Pulm'ary Tuberculosis.	Death Rate from All Causes.
1. Town ...	9,245	10.8	91.7	0.32	1.08	19.2	16.4	72.1	0.53	1.91	17.2
2. St. Mary's ...	9,705	14.8	55.6	0.51	1.13	11.6	15.5	68.3	0.41	1.04	12.4
3. Northam ...	9,053	17.7	62.5	0.64	0.99	16.9	19.3	61.3	0.63	1.13	13.0
4. Trinity ...	7,350	13.6	60.0	0.81	0.81	14.7	18.3	64.1	0.60	1.12	14.1
5. Newtown ...	7,729	11.9	21.7	0.13	0.51	13.2	13.3	40.5	0.16	0.84	12.7
6. All Saints ...	7,706	11.5	112.4	0.77	0.39	12.9	11.5	50.4	0.32	0.85	12.9
7. Bevois ...	7,238	12.9	53.2	0.41	0.69	15.5	12.6	51.0	0.32	0.99	14.3
8. Banister ...	8,851	8.6	52.6	0.11	0.79	11.1	9.9	48.2	0.14	0.57	11.0
9. Freemantle ...	6,957	10.6	67.6	0.14	1.01	13.6	12.2	55.5	0.19	0.99	13.1
10. Millbrook ...	14,015	16.8	25.5	0.14	0.78	11.7	18.0	54.1	0.39	0.89	10.8
11. Shirley ...	19,393	18.0	57.3	0.21	0.46	10.7	19.9	56.7	0.40	0.89	11.8
12. Portswood ...	11,683	12.4	55.2	0.34	0.77	13.5	14.6	44.0	0.26	0.70	11.5
13. St. Denys ...	9,837	15.0	27.0	...	0.61	11.4	15.6	44.3	0.20	0.91	11.4
14. Bitterne and Pear Tree ...	12,055	19.6	42.0	0.49	0.58	10.7	20.4	48.4	0.42	0.97	9.9
15. Bitterne and Sholing ...	14,526	22.4	40.3	0.48	0.62	10.0	21.2	45.4	0.32	0.86	10.5
16. Woolston ...	8,001	14.6	59.8	0.62	0.62	12.4	15.6	54.9	0.17	1.02	11.3
17. St. Nicholas...	15,356	16.9	38.5	0.19	0.54	7.7	27.9	51.2	0.65	0.94	10.7
Borough ...	178,700	15.4	48.6	0.35	0.71	12.3	16.9	54.4	0.38	0.97	12.1

† Includes deaths from Small Pox, Enteric Fever, Scarlet Fever, Diphtheria, Measles, Whooping Cough, and Diarrhœa and Enteritis under two years of age.

TABLE 2.

Table Showing Deaths of Persons belonging to Southampton, classified according to ages and sex for 10 years.

	AGES.													SEX.		
Year	0 to 1	1 to 2	2 to 5	5 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 to 85	85 to 95	95 & Upwards	Males	Females	Total
1928	152	23	30	48	96	86	138	243	323	419	354	108	5	1085	940	2025
1929	198	36	46	53	100	98	131	265	378	458	419	127	6	1255	1090	2315
1930	184	44	50	68	87	109	137	235	339	411	349	92	5	1116	994	2110
1931	144	29	19	34	77	88	104	225	304	438	394	121	4	1052	929	1981
1932	161	40	34	39	72	97	116	238	375	439	388	128	9	1120	1016	2136
1933	165	27	20	52	71	92	111	230	354	465	413	129	2	1098	1033	2131
1934	146	16	26	50	63	108	124	216	386	460	391	117	5	1118	996	2114
1935	124	17	38	46	66	89	91	211	341	495	388	108	6	1102	918	2020
1936	151	29	33	48	54	82	111	216	356	507	456	119	12	1142	1032	2174
1937	138	22	20	31	68	85	111	190	418	527	442	141	12	1206	999	2205

TABLE 3.

Causes of Deaths in Southampton for 10 years, 1928 to 1937.

Cause of Death.	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Enteric Fever	6	3	2	...	...	...	1	1	1	1
Small Pox	...	...	...	...	...	...	...	...	...	...
Measles	3	1	43	1	14	6	9	3	29	...
Scarlet Fever	2	3	2	1	...	1	1	2	...	2
Whooping Cough	10	29	4	14	13	7	15	6	6	6
Diphtheria	19	23	30	12	2	9	21	36	15	10
Influenza	39	93	8	43	56	50	14	14	8	63
Erysipelas	12	5	6	1	7	1	7	2	3	2
Phthisis (Pulmonary Tuberculosis)	178	200	197	154	187	159	173	148	131	129
Tuberculous Meningitis	11	25	16	7	14	12	10	4	5	14
Other Tuberculous Diseases ...	14	14	10	9	11	14	7	9	10	6
Cancer, malignant disease ...	281	289	286	251	305	284	284	299	325	305
Rheumatic Fever	10	9	10	10	8	8	7	7	8	6
Meningitis	5	9	5	2	8	5	5	4	7	7
Organic Heart Disease	311	288	314	369	350	399	417	436	461	657
Bronchitis	152	214	124	146	117	106	96	60	61	36
Pneumonia (all forms)	164	180	124	186	197	172	138	117	138	158
Other Diseases of Respiratory Organs	12	10	17	15	10	11	14	8	19	20
Diarrhœa and Enteritis	16	25	20	14	18	8	8	13	20	14
Appendicitis	19	15	14	14	13	12	11	11	9	9
Cirrhosis of Liver	10	7	7	5	8	6	8	7	7	11
Alcoholism	1	1	2	2	...	3	...	...	1	3
Nephritis and Bright's Disease ...	99	107	128	104	77	102	116	99	97	71
Puerperal Fever	5	6	11	4	3	3	5	4	2	1
Other accidents and Diseases of Pregnancy and Parturition ...	7	8	4	1	9	8	9	12	10	4
Congenital Debility and Malformation, including Premature Birth	68	82	85	60	75	79	70	60	49	71
Violent Deaths, excluding Suicide	66	57	75	59	64	61	70	66	72	65
Suicide	21	25	39	30	30	25	35	35	31	28
Other Diseases	484	587	527	467	540	580	563	557	649	506
Totals	2025	2315	2110	1981	2136	2131	2114	2020	2174	2205

TABLE 4.

Table showing Deaths from All Causes belonging to the County Borough of Southampton during the Year 1937 (52 weeks ended 31st December, 1937), classified according to Diseases and Ages. (This Table includes deaths of "Residents" occurring in other districts, and excludes deaths of "Non-Residents," in accordance with the Rules of the Registrar-General).

DISEASES CLASSIFIED.	AGES.													SEX.		Totals.
	0 to 1	1 to 2	2 to 5	5 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 to 85	85 to 95	95 and up-w'ds	Males.	Females.	
I.—Infectious and Parasitic Diseases.																
Enteric Fever	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	1
Scarlet Fever	...	1	...	1	...	...	...	...	...	...	...	...	...	2	...	2
Whooping Cough	5	...	1	...	...	...	...	...	...	...	...	...	...	4	2	6
Diphtheria	2	1	...	6	1	...	...	...	...	...	...	...	...	4	6	10
Influenza	3	2	1	2	1	4	5	7	11	13	9	5	...	35	28	63
Erysipelas	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1	2
Encephalitis Lethargica	...	...	...	...	...	...	2	...	...	...	...	...	...	1	1	2
Tetanus	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1
Pulmonary Tuberculosis	...	...	...	...	17	30	27	24	22	9	...	...	...	77	52	129
Tuberculous Meningitis	3	1	...	5	2	1	1	1	...	...	...	...	...	7	7	14
Tuberculosis of Peritoneum & Intestines	...	...	...	...	...	...	...	1	1	...	...	...	...	2	...	2
Tuberculosis of Spine	...	...	...	...	...	...	...	...	1	1	...	...	...	2	...	2
Miliary Tuberculosis	...	...	1	...	...	1	...	...	...	...	...	...	...	2	...	2
Syphilis (acquired)	...	...	...	...	...	...	...	...	2	1	...	...	...	3	...	3
Septicæmia	...	...	...	...	...	...	...	2	...	...	1	...	...	1	2	3
Mycosis Fungoids	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1
Totals	13	5	3	14	21	37	35	35	39	24	11	6	...	144	99	243
II.—Cancer and other Tumours.																
Cancer of the Buccal Cavity	...	...	...	...	...	...	...	...	1	8	1	...	...	9	1	10
Cancer of the Digestive Organs	...	...	...	...	1	...	4	16	46	71	34	6	...	98	80	178
Cancer of the Respiratory Organs ...	...	...	...	...	...	...	...	3	4	9	1	...	...	12	5	17
Cancer of the Uterus	...	...	...	...	...	...	1	3	8	2	4	1	...	...	19	19
Cancer of the other Female Genital Organs	...	...	...	...	...	...	...	2	2	4	...	...	...	...	8	8
Cancer of the Breast	...	...	...	...	...	...	3	3	12	9	5	...	...	...	32	32

TABLE 4.—Continued.

DISEASES CLASSIFIED.	AGES.													SEX.		Totals.
	0 to 1	1 to 2	2 to 5	5 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 to 85	85 to 95	95 and up-w'ds	Males.	Females.	
II.—Cancer and other Tumours—contd.	...	...	...	...	1	...	8	27	73	103	45	7	...	119	145	264
Cancer of the Male Genito-Urinary Organs	...	...	1	...	...	...	2	...	2	6	1	...	...	12	...	12
Cancer of the Skin	...	...	...	...	...	...	...	...	1	1	1	...	...	1	2	3
Cancer of the other Organs	...	...	...	...	1	4	...	5	8	...	4	...	1	10	13	23
Cerebral Tumour	...	...	...	1	...	...	...	...	3	...	...	...	...	1	3	4
Non-malignant Tumours...	...	...	...	...	...	...	2	2	2	...	1	...	...	6	1	7
Totals	...	...	1	1	2	4	12	34	89	110	52	7	1	149	164	313
III.—Rheumatism, and Diseases of Nutrition and of Endocrine Glands, and other General Diseases.																
Rheumatic Fever	...	...	...	...	1	2	...	2	...	1	...	...	...	4	2	6
Chronic Rheumatism	...	...	...	...	...	...	...	...	2	...	1	1	...	...	4	4
Rheumatoid Arthritis	...	...	...	...	...	...	...	1	4	3	7	...	...	5	10	15
Addison's Disease	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	1
Diabetes	...	...	...	...	...	1	1	6	7	4	...	...	...	11	8	19
Exophthalmic Goitre	...	...	...	...	...	1	...	1	1	...	1	...	...	...	4	4
Status Lymphaticus	2	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2
Myxœdema	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	1
Totals	2	...	...	...	1	4	1	11	15	8	9	1	...	22	30	52
IV.—Diseases of the Blood and Blood-forming Organs.																
Anæmia	...	...	...	...	...	2	...	2	3	4	2	...	...	5	8	13
Leukæmia	...	...	...	...	...	1	1	...	1	1	...	...	...	4	...	4
Bantis Disease	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1
Totals	...	...	...	...	...	3	2	2	4	5	2	...	...	10	8	18

TABLE 4.—Continued.

DISEASES CLASSIFIED.	AGES.													SEX.		Totals.
	0 to 1	1 to 2	2 to 5	5 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 to 85	85 to 95	95 and up-w'ds	Males.	Females.	
V.—Chronic Poisoning.																
Alcoholism	...	...	...	...	...	...	1	1	1	...	...	...	...	3	...	3
VI.—Diseases of the Nervous System and Sense Organs.																
Cerebral Abscess	...	...	...	...	2	...	1	...	...	...	...	...	...	2	1	3
Meningitis	2	1	1	2	...	1	...	...	...	...	...	...	...	3	4	7
Locomotor Ataxy	...	...	...	...	...	...	2	2	...	1	...	...	...	5	...	5
Progressive Muscular Atrophy	...	...	...	...	1	...	...	1	1	1	...	...	...	1	3	4
Myelitis	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	1
Cerebral Hæmorrhage	...	...	...	1	1	3	2	3	17	21	13	3	...	28	36	64
Cerebral Thrombosis	...	...	...	...	...	...	...	1	1	14	6	2	...	12	12	24
Hemiplegia...	...	...	...	...	...	...	...	1	...	3	2	1	...	3	4	7
Paraplegia	...	...	...	...	...	1	...	...	2	1	...	...	...	2	2	4
General Paralysis of the Insane	...	...	...	...	...	2	1	3	1	...	...	...	...	6	1	7
Epilepsy	...	...	...	...	...	...	...	1	...	...	1	...	...	1	1	2
Convulsions	5	...	...	...	...	...	...	...	...	...	...	...	...	3	2	5
Paralysis Agitans	...	...	...	...	...	...	...	1	3	1	1	1	...	4	3	7
Disseminated Sclerosis	...	...	...	...	1	1	2	2	2	1	...	...	...	4	5	9
Otitis Media	2	...	...	1	1	...	...	...	...	...	...	...	...	1	3	4
Mastoiditis	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1
Parkinson's Disease	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1
Landry's Ascending Paralysis	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	1
Confusional Insanity	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	1
Primary Dimentia	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	1
Totals	9	1	1	4	7	8	10	16	29	43	23	7	...	78	80	158

TABLE 4.—Continued.

DISEASES CLASSIFIED.	AGES.													SEX.		Totals.
	0 to 1	1 to 2	2 to 5	5 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 to 85	85 to 95	95 and up-w'ds	Males.	Females.	
VII.—Diseases of the Circulatory System.																
Pericarditis...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	1
Acute Endocarditis	...	...	...	...	2	...	...	1	...	...	...	...	...	1	2	3
Malignant Endocarditis	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	1
Acute Myocarditis...	...	...	...	...	...	1	...	1	1	3	3	1	...	3	7	10
Aortic Valvular Disease of Heart ...	...	...	...	...	...	2	1	1	6	2	4	2	...	11	7	18
Mitral Valvular Disease of Heart ...	...	...	...	...	...	1	...	1	7	4	9	...	...	13	9	22
Fatty Heart	...	...	...	...	...	...	...	...	1	3	...	1	...	3	2	5
Other or Unspecified Organic Diseases of the Heart	2	...	1	1	2	2	5	20	76	158	160	57	3	238	249	487
Angina Pectoris	...	...	...	...	...	...	...	8	8	9	5	1	...	25	6	31
Thrombosis	...	...	...	...	...	...	...	2	...	...	1	...	...	3	...	3
Aneurysm	...	...	...	...	...	1	...	3	4	4	...	...	...	10	2	12
Arterio Sclerosis	...	...	...	...	...	...	3	2	34	41	51	15	4	86	64	150
Gangrene (Senile)	...	...	...	...	...	...	...	...	...	1	2	1	...	1	3	4
Gangrene (Other)	...	...	...	...	...	...	...	1	2	1	2	...	...	4	2	6
Phlebitis	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	1
Embolism	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1
Totals	2	...	1	1	4	8	10	40	140	226	238	78	7	398	357	755
VIII.—Diseases of the Respiratory System.																
Laryngitis	...	...	...	1	1	...	...	...	...	...	...	...	...	...	2	2
Supperative Ethmoiditis...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1
Bronchitis	1	...	...	...	1	...	2	...	6	6	12	6	2	17	19	36
Broncho-Pneumonia	21	10	2	...	4	...	6	7	19	29	15	11	...	76	48	124
Lobar Pneumonia	3	1	1	...	...	...	5	2	14	4	3	1	...	23	11	34
Pleurisy	...	...	...	...	...	...	...	...	2	...	...	...	...	2	...	2
Empyemia	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	1
Asthma	...	...	...	...	...	...	...	...	3	...	3	...	...	3	3	6
Pulmonary Emphysema	...	...	...	...	...	...	...	1	1	1	2	...	...	4	1	5
Abscess of Lung	...	...	...	...	...	...	...	1	...	...	1	...	...	1	1	2
Fibroid Disease of the Lung	...	1	...	...	...	...	...	1	1	...	1	...	...	2	2	4
Totals	25	12	3	1	6	1	14	12	46	40	37	18	2	130	87	217

TABLE 4.—Continued.

DISEASES CLASSIFIED.	AGES.													SEX.		Totals.
	0 to 1	1 to 2	2 to 5	5 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 to 85	85 to 95	95 and up-w'ds	Males.	Females.	
IX.—Diseases of the Digestive System.																
Alveslar Abscess	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1
Pharyngitis	...	...	1	...	...	...	...	...	1	...	...	...	...	1	1	2
Parotitis	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	1
Ulcer of the Stomach	...	...	...	...	...	...	3	3	4	7	1	...	...	15	3	18
Ulcer of the Duodenum	...	...	...	...	...	...	...	2	1	2	1	...	...	6	...	6
Gastritis	2	...	...	...	...	...	...	...	...	1	...	1	...	1	3	4
Colitis	...	...	...	...	...	...	...	...	...	1	1	...	...	...	2	2
Pyloric Stenosis	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	1
Diarrhœa (under two years)	11	1	...	...	...	...	...	...	...	...	...	...	...	8	4	12
Diarrhœa (over two years)	...	...	1	1	...	...	...	...	...	...	...	...	...	1	1	2
Rectal Abscess	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1
Appendicitis	...	...	1	1	2	...	...	3	1	1	...	...	...	3	6	9
Hernia	...	...	...	...	...	...	...	1	...	2	2	...	...	1	4	5
Intestinal Obstruction	...	...	...	...	...	1	1	2	3	...	4	...	...	3	8	11
Intussusception	2	...	...	...	...	...	...	...	...	...	...	...	...	2	...	2
Diverticulitis	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1
Perforation of Bowell	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	1
Cirrhosis of Liver	1	...	...	...	...	...	...	2	5	2	1	...	...	8	3	11
Jaundice	1	...	...	...	...	...	...	...	...	...	1	...	...	1	1	2
Acute Yellow Atrophy	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1
Biliary Calculi	...	...	...	...	...	...	...	...	1	1	...	...	...	...	2	2
Cholecystitis	...	...	...	...	...	...	...	...	5	4	...	...	...	5	4	9
Cyst of Pancreas	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1
Peritonitis	...	...	...	1	...	...	3	...	1	...	...	...	...	4	1	5
Totals	17	1	3	3	2	1	9	14	23	23	13	1	...	65	45	110
X.—Non-Venereal Diseases of the Genito-Urinary System.																
Acute Nephritis	...	...	1	...	...	...	...	...	1	2	...	...	...	1	3	4
Chronic Nephritis	...	...	1	1	1	3	7	7	11	14	19	3	...	45	22	67
Pyelitis	...	...	...	...	...	...	...	1	...	2	2	...	...	4	1	5
Pyonephritis	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	1

TABLE 4.—Continued.

DISEASES CLASSIFIED.	AGES.													SEX.		Totals.
	0 to 1	1 to 2	2 to 5	5 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 to 85	85 to 95	95 and up-w'ds	Males.	Females.	
X.—Non-Venereal Diseases of the Genito-Urinary System—contd.	...	...	2	1	1	3	7	8	12	19	21	3	...	50	27	77
Renal Calculi	...	...	...	...	...	...	...	2	1	...	...	...	...	2	1	3
Hydronephrosis	...	...	...	...	1	...	...	1	...	...	...	...	...	...	2	2
Cystitis	...	...	...	...	...	...	...	...	1	6	1	1	...	9	...	9
Calculi of Bladder	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	1
Vesico Vaginal Fistula	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	1
Stricture of Urethra	...	...	...	...	...	...	...	...	1	4	...	...	...	5	...	5
Enlarged Prostate	...	...	...	...	...	...	...	...	4	3	10	1	...	18	...	18
Ovarian Cyst	...	...	...	...	...	1	...	...	...	1	...	...	...	...	2	2
Prolapse of Uterus	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1
Totals	...	...	2	1	2	4	7	11	20	34	33	5	...	84	35	119
XI.—Diseases of Pregnancy, Childbirth, and the Puerperal State.																
Abortion	...	...	...	...	1	1	...	...	...	...	...	...	...	...	2	2
Post-Partum Hæmorrhage	...	...	...	...	1	...	1	...	...	...	...	...	...	...	2	2
Puerperal Sepsis	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	1
Totals	...	...	...	...	2	2	1	...	...	...	...	...	...	...	5	5
XII.—Diseases of the Skin.																
Carbuncle	...	...	...	...	...	...	...	...	2	...	...	...	...	1	1	2
Cellulitis	1	...	...	1	...	...	...	...	1	...	1	...	...	3	1	4
Exfoliative Dermatitis	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	1
Totals	1	...	...	1	...	...	...	...	3	...	2	...	...	5	2	7

TABLE 4.—Continued.

DISEASES CLASSIFIED.	AGES.													SEX.		Totals.
	0 to 1	1 to 2	2 to 5	5 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 to 85	85 to 95	95 and up-w'ds	Males.	Females.	
XIII.—Diseases of the Bones and Organs of Locomotion.																
Osteomyelitis	...	...	...	1	2	...	...	...	1	...	...	...	...	2	2	4
Paget's Disease of the Bones	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1
Totals	...	...	...	1	2	...	...	...	1	...	...	1	...	2	3	5
XIV.—Congenital Malformations.																
Congenital Hydrocephalus	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Spina bifida	4	...	...	...	...	...	...	...	...	...	...	...	...	3	1	4
Malformation of the Heart	1		...	...	...	1	...	...	...	...	...	...	...	1	1	2
Congenital Exomphalas	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Pyloric Stenosis	5	...	...	...	...	...	...	...	...	...	...	...	...	5	...	5
Stenosis of the Bowel Duct	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Atresia of Intestine	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Totals	14	...	...	...	...	1	...	...	...	...	...	...	...	12	3	15
XV.—Diseases of Early Infancy.																
Debility, Marasmus and Inanition ...	5	1	...	...	...	...	...	...	...	...	...	...	...	2	4	6
Premature Birth	43	...	...	...	...	...	...	...	...	...	...	...	...	23	20	43
Injury at Birth	3	...	...	...	...	...	...	...	...	...	...	...	...	1	2	3
Atelectasis	3	...	...	...	...	...	...	...	...	...	...	...	...	3	...	3
Hæmorrhage of the New Born	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
Totals	55	1	...	...	...	...	...	...	...	...	...	...	...	29	27	56
XVI.—Old Age.																
Senile Decay	...	...	...	...	...	...	...	...	...	1	16	13	2	9	23	32
Other Form of Senile Decay	...	...	...	...	...	...	...	...	...	3	...	...	...	3	...	3
Totals	...	...	...	...	...	...	...	...	...	4	16	13	2	12	23	35

TABLE 4.—Continued.

DISEASES CLASSIFIED.	AGES.													SEX.		Totals.
	0 to 1	1 to 2	2 to 5	5 to 15	15 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 to 75	75 to 85	85 to 95	95 and up-w'ds	Males.	Females.	
XVII.—Deaths from Violence.																
(*a*) Suicide—																
By Solid or Liquid Poisons ...	...	...	...	...	1	1	...	1	...	2	...	...	...	5	...	5
By Poisonous Gas	...	...	...	...	2	2	2	...	2	3	...	...	...	6	5	11
By Hanging	...	...	...	...	...	1	...	...	...	...	1	...	...	1	1	2
By Drowning	...	...	...	...	...	...	2	1	...	...	1	...	...	4	...	4
By Firearms	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	1
By Cutting	...	...	...	...	...	...	...	1	2	...	...	...	...	3	...	3
By Railway	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	1
By Motor Bus	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1
(*b*) Accidents—																
By Solid or Liquid Poisons ...	...	...	...	...	...	1	...	...	...	1	...	...	...	2	...	2
By Burns or Scalds	...	...	1	...	1	1	1	...	...	...	1	1	...	4	2	6
By Suffocation	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	1
By Drowning	...	...	...	...	1	...	...	1	...	1	...	...	...	2	1	3
By Injury by Fall, Crushing, etc.	...	1	1	...	1	4	...	3	2	1	3	3	...	11	8	19
By Injury in Vehicular Traffic ...	...	1	3	4	12	1	3	6	1	2	...	...	...	21	12	33
(*c*) Homicide—																
Murder	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	1
Totals	...	2	6	4	19	11	9	14	8	10	6	4	...	63	30	93
XVIII.—Ill-Defined Diseases.																
Syncopy	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	1
Total Deaths from all Causes	138	22	20	31	68	85	111	190	418	527	442	141	12	1206	999	2205

TABLE 5.—Causes of Deaths in the Municipal Wards during the year 1937.

CAUSES OF DEATH.	MUNICIPAL WARD.																	No Home Address obtainable.	Total.
	Town.	St. Mary's.	Northam.	Trinity.	Newtown.	All Saints.	Bevois.	Banister.	Freemantle.	Millbrook.	Shirley.	Portswood.	St. Denys.	Bitterne and Pear Tree.	Bitterne and Sholing.	Woolston.	St. Nicholas.		
Enteric Fever...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2
Whooping Cough	1	...	1	...	...	...	...	...	...	...	1	1	...	...	1	1	...	...	6
Diphtheria	1	1	2	...	...	...	...	...	...	1	1	...	...	2	...	1	1	...	10
Influenza	5	3	3	1	3	1	3	1	6	4	10	9	2	4	3	...	3	2	63
Erysipelas	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	2
Tuberculosis (Pulmonary)	12	11	9	6	4	3	5	7	7	11	9	9	6	7	9	5	9	...	129
Tuberculous Meningitis	1	...	3	...	...	3	...	...	...	...	2	1	2	1	1	...	...	...	14
Other Tubercular Diseases	1	...	...	2	...	...	...	...	...	1	...	...	...	2	...	...	...	...	6
Cancer	21	17	19	17	14	10	24	14	14	19	27	26	27	10	22	12	12	...	305
Rheumatic Fever	...	...	1	...	...	...	1	1	...	...	3	...	...	...	...	...	...	...	6
Meningitis	...	...	1	...	...	...	...	...	...	...	3	1	...	1	...	1	...	...	7
Organic Heart Disease	49	36	51	27	27	20	28	33	38	52	60	60	32	39	42	25	35	3	657
Bronchitis	6	2	3	3	2	...	1	1	2	3	2	3	...	2	4	1	...	1	36
Pneumonia (all forms)	20	10	10	12	6	12	7	6	5	10	20	4	3	6	11	9	7	...	158
Other Diseases of the Respiratory System	6	1	1	2	...	...	3	1	1	...	1	1	2	...	...	1	3	...	23
Diarrhœa and Enteritis	...	1	1	2	...	1	...	...	1	...	2	1	...	1	3	...	1	...	14
Appendicitis	...	1	...	...	1	...	...	...	...	3	2	...	...	...	1	...	1	...	9
Cirrhosis of Liver	1	...	2	...	1	1	...	1	...	1	...	1	...	...	1	2	...	...	11
Alcoholism	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	1	3
Nephritis and Bright's Disease	8	1	5	5	6	5	1	4	2	6	4	2	3	5	3	4	7	...	71
Puerperal Fever	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Other Diseases and accidents of Pregnancy and Parturition	...	...	...	...	...	...	...	1	...	1	2	...	...	...	...	...	...	...	4
Congenital Defects and Malformations (including Premature Birth)	6	3	5	1	2	3	3	3	2	2	11	3	3	4	10	3	7	...	71
Violent Deaths (excluding Suicide) ...	1	5	6	3	2	7	2	1	3	7	5	5	2	6	2	3	5	...	65
Suicide	1	2	1	1	1	...	1	1	1	4	2	2	2	4	1	2	1	1	28
Other Diseases	38	19	29	25	33	32	31	23	13	39	40	29	28	36	31	29	27	1	503

COMPARATIVE STATISTICS RELATING TO SOUTHAMPTON AND 32 OTHER COUNTY BOROUGHS.

[illegible]unty Borough of ...	**Southampton.**	Barrow-in-Furness.	Bolton.	Bootle.	Bournemouth.	Bristol.	Burnley.	Burton-upon-Trent.	Bury.	Chester.	Darlington.	Derby.	Dewsbury.	Doncaster.	Dundee.	Eastbourne.	Edinburgh.	Halifax.	Liverpool.	Middlesborough.	Oxford.	Portsmouth.	Reading.	Smethwick.	Southport.	Stoke-on-Trent.	Sunderland.	Walsall.	West Bromwich.	West Hartlepool.	Wigan.	Wolverhampton.	Worcester.
ula[illegible] as estimated by Registrar-General, Middle, 1937	**178,700**	65,810	170,400	74,690	121,000	415,100	89,670	47,100	59,620	44,610	75,620	139,700	53,050	71,280	177,711	55,610	466,817	97,490	836,300	139,600	92,440	256,200	100,200	80,380	78,960	278,200	182,900	106,800	82,330	70,100	83,190	144,000	53,050
parability Factor	**0.99**	1.09	1.09	1.18	0.75	0.98	1.08	0.98	1.01	1.04	1.05	1.04	1.03	1.08	...	0.8	...	0.98	1.15	1.18	0.96	0.99	0.89	1.14	0.83	1.22	1.12	1.12	1.14	1.11	1.20	1.08	0.89
Birth Rate	**15.87**	15.4	12.7	22.0	11.16	14.46	11.71	14.7	13.00	14.7	15.1	14.8	15.7	14.87	17.6	10.77	15.8	12.8	19.3	19.5	14.53	14.88	15.6	14.69	10.6	16.7	19.7	17.90	19.02	18.48	16.27	16.9	15.53
Crude Death Rate	**12.4**	13.8	14.2	12.8	14.57	11.44	15.53	12.7	15.46	14.21	12.9	12.9	14.79	11.57	15.0	14.11	14.0	14.6	13.2	13.8	10.31	11.50	13.06	11.58	16.03	13.1	14.0	12.01	12.34	13.18	14.17	11.9	14.08
Death Rate as adjusted by Factor	**12.2**	15.0	15.4	15.1	10.92	11.21	16.77	12.4	15.61	14.7	13.5	13.4	15.2	12.49	15.0	11.28	13.8	14.3	15.2	16.3	9.9	11.38	11.62	13.20	13.3	16.0	15.7	13.45	14.06	14.62	17.0	12.8	12.53
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	0.02	0.05	...	0.004	0.01	...	0.01	0.08	0.01	0.02	...	...	0.006	...	0.03	0.01	0.14	0.07	0.129	0.02	...	0.06	0.03	0.04	0.11	0.11	0.11	...	0.05	0.09	0.037
Scarlet Fever	**.01**	...	...	0.01	...	0.009	...	0.02	0.01	...	0.03	...	0.019	0.02	0.03	...	0.02	...	0.01	0.02	0.011	0.02	...	0.02	0.01	0.026	0.03	0.03	...	0.01	...	0.02	...
Whooping Cough	**.04**	0.01	0.08	0.11	0.03	0.04	0.02	...	0.01	...	0.04	0.057	0.038	0.01	0.29	0.008	0.14	0.02	0.14	0.22	0.054	0.04	0.60	0.05	0.01	0.062	0.02	0.07	0.13	0.11	0.01	0.05	0.018
Diphtheria	**.05**	0.07	0.13	0.19	0.07	0.02	0.20	0.08	0.10	0.15	0.22	0.043	0.169	0.07	0.05	0.008	0.07	0.05	0.17	0.07	...	0.05	0.80	0.09	0.08	0.117	0.11	0.09	0.16	0.12	0.26	0.12	0.263
Typhoid and Para-typhoid	**.005**	...	0.005	0.03	...	0.002	...	...	...	...	0.01	0.007	...	...	...	...	...	...	0.02	...	...	0.01	...	...	0.01	...	0.01	...	...	...	...	...	...
Diarrhœa under two years	**.08**	...	0.02	0.17	0.03	0.022	0.03	0.02	...	0.04	0.05	0.057	0.11	...	0.11	...	0.07	0.01	0.20	0.21	0.011	0.08	0.11	0.03	5.9	0.161	0.49	0.13	0.13	0.04	0.12	0.21	...
Influenza	**.36**	0.45	0.61	0.25	0.46	0.25	0.76	0.36	0.99	0.42	0.45	0.58	0.49	0.54	0.64	0.16	0.64	0.49	0.26	0.44	0.281	0.22	0.41	0.47	0.48	0.519	0.58	0.49	0.50	0.44	0.50	0.26	0.49
Tuberculosis. Pulmonary	**.73**	0.54	0.53	0.97	0.62	0.67	0.61	0.57	0.50	0.80	0.90	0.55	0.41	0.54	0.57	0.43	0.61	0.35	0.79	0.97	0.571	0.55	0.54	0.70	0.42	0.799	0.80	0.78	0.74	0.77	0.64	0.69	0.848
Tuberculosis. Other forms	**.10**	0.18	0.10	0.14	0.11	0.13	0.11	0.06	0.15	0.17	0.14	0.078	0.15	0.12	0.25	0.125	0.16	0.03	0.13	0.21	0.129	0.07	0.74	0.02	0.10	0.139	0.23	0.14	0.06	0.18	0.17	0.15	0.24
antile Mortality Rate	**48.6**	71.5	61.0	77.0	45.89	46.16	75.2	51.0	55.0	59.6	58.6	63.9	62.1	61.32	87.0	30.84	70.0	63.0	82.0	91.0	36.48	43.81	81.0	52.49	67.0	81.0	85.0	57.0	68.33	62.50	90.0	68.0	48.5
per 1,000 total Births. From Sepsis	**.70**	0.98	0.87	1.83	0.71	1.12	...	2.8	1.2	...	0.84	1.39	...	0.89	1.92	1.56	1.17	...	0.58	1.77	...	...	...	...	2.39	0.84	1.06	2.02	...	...	...	...	...
per 1,000 total Births. From other causes	**1.05**	3.92	5.23	1.83	2.14	2.41	1.79	1.4	6.2	4.40	0.84	3.27	2.36	2.68	3.20	3.13	3.38	2.39	1.73	2.82	1.44	1.51	1.8	2.42	2.39	3.75	2.39	2.02	0.61	1.54	2.81	1.57	1.16
per 1,000 total Births. Total	**1.76**	4.9	6.11	3.66	2.85	3.53	1.79	4.2	7.4	4.40	1.67	4.66	2.36	3.58	5.12	4.70	4.55	2.39	2.31	4.59	1.44	1.51	1.8	2.42	4.58	4.59	3.45	4.04	0.61	1.54	2.81	1.57	1.16

TABLE 6.

Showing Population, Birth Rates, Death Rates, Zymotic Death Rates, Infantile Mortality, and Marriage Rates in Southampton and England and Wales for Twenty Years, 1918—1937.

Year.	Population.	Births.			Deaths.			Zymotic Deaths.		Infantile Mortality. Deaths under 1 year per 1000 Births Registered.		Marriages.		
		Total Births.	Birth Rate.	Birth Rate England and Wales.	Total Deaths.	Death Rate.	Death Rate England and Wales.	Total Zymotic Deaths.	Zymotic Death Rate.	Southampton.	England & Wales.	Total Marriages.	Marriage Rate.	Marriage Rate England and Wales.
1918†	114,727	2,533	19.8	17.7	2,049	17.9	17.6	137	1.23	92	97	1209	18.8	15.3
*1919†	126,033	2,598	19.5	18.5	1,663	13.0	13.8	56	0.44	74	89	1300	19.8	19.8
1920†	131,055	3,131	23.9	25.4	1,520	11.6	12.4	109	0.83	67	80	1375	21.0	20.2
1921	162,200	3,621	22.4	22.4	1,749	10.8	12.1	82	0.51	62	83	...	...	16.9
1922	163,700	3,318	20.3	20.6	1,975	12.1	12.9	83	0.51	67	77	...	...	15.7
1923	165,200	3,205	19.5	19.7	1,817	11.0	11.6	89	0.54	54	69	...	...	15.2
*1924	167,300	3,204	18.9	18.8	1,938	11.4	12.2	56	0.33	62	75	...	...	15.3
1925	168,600	3,250	19.3	18.3	1,956	11.6	12.2	60	0.36	57	75	1413	16.8	15.2
1926	169,300	3,141	18.6	17.8	1,880	11.1	11.6	52	0.31	56	70	1353	16.0	14.3
1927	169,800	2,958	17.5	16.7	2,183	12.9	12.3	115	0.68	63	69	1459	17.2	15.7
1928	169,900	3,047	18.0	16.7	2,025	12.0	11.7	52	0.32	50	65	1491	17.6	15.3
1929	172,300	3,111	18.1	16.3	2,315	13.5	13.4	82	0.48	64	74	1562	18.2	15.8
*1930	175,000	3,260	18.3	16.3	2,110	11.9	11.4	97	0.55	56	60	1583	18.1	15.8
1931	175,600	3,010	17.2	15.5	1,981	11.3	12.3	40	0.23	48	66	1562	17.8	15.6
1932	177,470	3,025	17.1	15.3	2,136	12.1	12.0	44	0.25	53	65	1395	15.7	15.2
1933	177,600	2,854	16.1	14.4	2,131	12.0	12.3	30	0.18	58	64	1481	16.7	15.7
1934	177,000	2,769	15.7	14.8	2,114	12.0	11.8	55	0.31	53	59	1453	16.4	16.9
1935	177,200	2,696	15.2	14.7	2,020	11.4	11.7	60	0.34	46	57	1605	18.1	17.1
*1936	177,400	2,820	15.7	14.8	2,174	12.1	12.1	71	0.39	53	59	1695	19.1	17.3
1937	178,700	2,836	15.8	14.9	2,217	12.4	12.4	63	0.35	48	58	1679	18.4	17.4

*53 Weeks. † Estimated Civil Population.

Note.—The Zymotic Deaths and Death Rates include the seven principal Zymotic Diseases, viz.—Whooping Cough, Measles, Diarrhœa, Diphtheria, Scarlet Fever, Typhoid Fever and Small Pox.

INFANTILE MORTALITY.

The deaths of infants under one year of age recorded during the year was 138, which is a decrease of 13 deaths compared with the previous year. The principal causes were :—premature birth, 43, and pneumonia, 25.

The deaths are equal to a rate of 48.6 per 1,000 births registered during the same period.

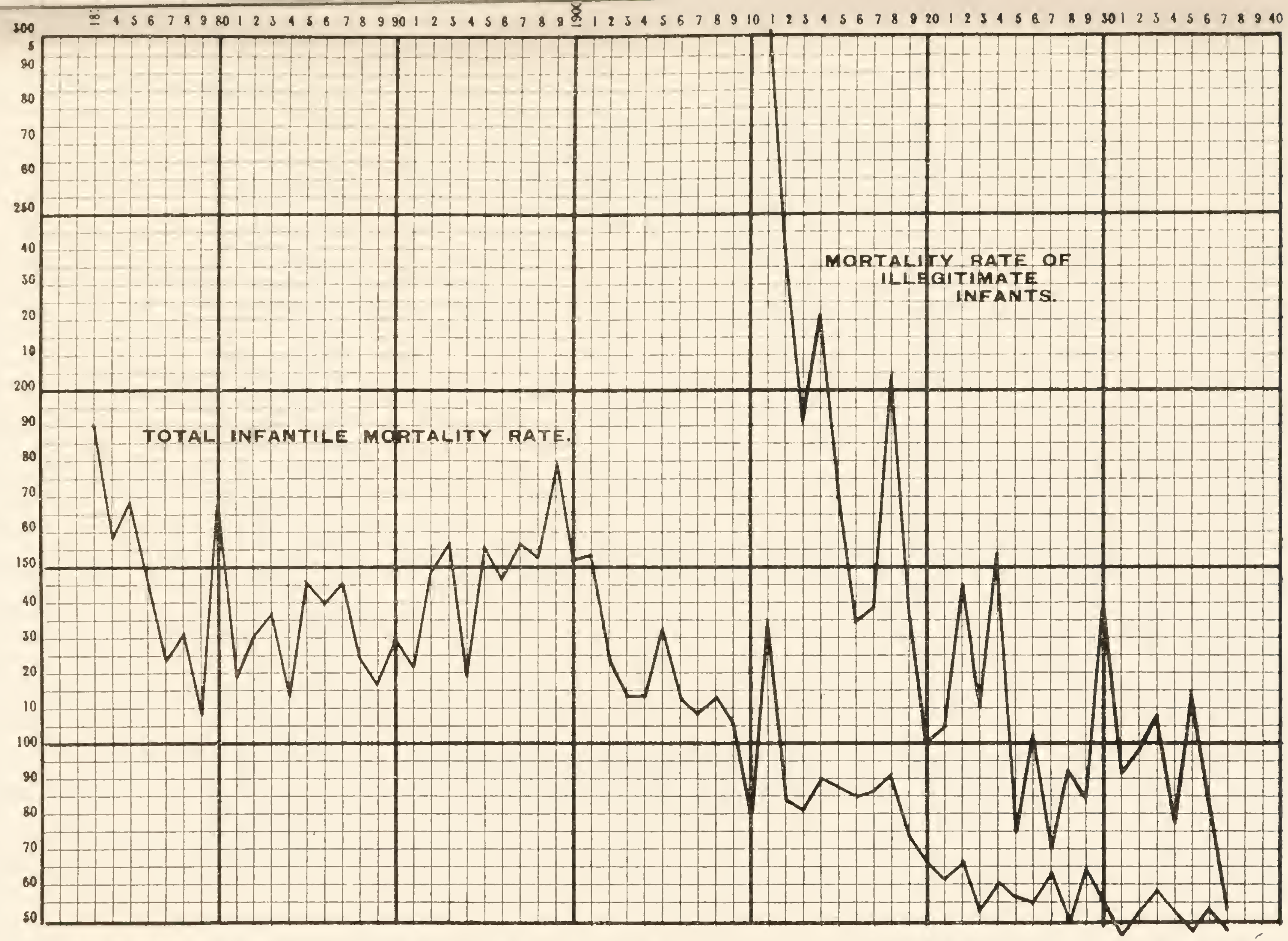
In the 125 great towns of England and Wales the infantile mortality rate for 1937 was 62.

The infantile mortality rate in Southampton during the past thirty-nine years is shown in the following table :—

Period.	Infantile Mortality Rate.
Average 5 years, 1897—1901 ...	... 159
,, ,, 1902—1906 ...	... 120
,, ,, 1907—1911 ...	... 108
,, ,, 1912—1916 ...	... 86
,, ,, 1917—1921 ...	... 76
,, ,, 1922—1926 ...	... 59
,, ,, 1927—1931 ...	... 56
,, ,, 1932—1936 ...	... 52

During the last five years the infantile mortality rate has been as follows :—

	Infantile Mortality Rate.
1933	55
1934	52
1935	42
1936	52
1937	48



INFANTILE MORTALITY RATE PER 1000 BIRTHS IN SOUTHAMPTON SINCE 1873

The infantile mortality rate per 1,000 births in the Municipal Wards is given in the following table. The Wards are tabulated according to the lowest average rate for ten years, 1927–1936, the rate for the year 1937 being shown for comparison.

Ward.	Average 10 years, 1927-1936.	1937.
Newtown	40.5	21.7
Portswood	44.0	55.2
St. Denys	44.3	27.0
Bevois	51.0	53.2
Bitterne and Sholing	45.4	40.0
Banister	48.2	52.6
All Saints	50.4	112.4
Millbrook	54.1	25.5
Bitterne and Pear Tree	48.4	42.0
St. Nicholas	51.2	38.5
Freemantle	55.5	67.6
Woolston	54.9	59.8
Shirley	56.7	57.3
Northam	61.3	62.5
Trinity	64.1	60.0
St. Mary's	68.3	55.6
Town	72.1	91.7
Borough	54.4	48.6

The average rate is the index that should be taken of the infant mortality in the Wards. The rate varies considerably in a small area from year to year, where a few additional deaths occurring in any one year may double the rate of infant mortality.

INFANTILE MORTALITY, 1937.

Deaths from stated causes at various ages under 1 year.

Cause of Death.	Under 1 week.	1–2 weeks.	2–3 weeks.	3–4 weeks.	Total under 4 weeks.	4 weeks & under 3 months.	3 months & under 6 months.	6 months & under 9 months.	9 months & under 12 months.	Total Deaths under 1 year.
Jaundice	...	1	...	...	1	...	...	...	...	1
Diphtheria	...	...	...	...	...	1	...	1	...	2
Whooping Cough	...	...	...	...	...	2	...	1	2	5
Influenza	...	...	...	...	...	...	...	1	...	1
Gastro Enteritis	...	...	...	...	...	2	3	1	1	7
Tubercular Meningitis	...	...	...	...	...	1	1	3	...	5
Convulsions	1	2	...	...	3	1	1	...	1	6
Otitis Media	...	...	...	...	...	...	1	...	...	1
Bronchitis	...	...	...	1	1	...	...	...	...	1
Pneumonia (all forms)	1	3	2	3	9	3	5	7	1	25
Diarrhœa	...	...	...	...	...	...	2	5	...	7
Congenital Hydrocephalis ...	...	...	...	...	...	...	...	...	1	1
Spina Bifida	...	2	1	1	4	...	...	...	...	4
Malformations	1	...	...	...	1	2	...	...	...	3
Pyloric Stenosis	1	...	...	...	1	3	1	...	...	5
Debility and Marasmus	...	...	...	...	...	2	3	...	...	5
Premature Birth	33	6	4	...	43	...	...	...	...	43
Injury at birth	3	1	1	...	5	...	...	1	...	6
Atelectasis	3	...	...	...	3	...	...	...	...	3
Status Lymphaticus	1	...	...	...	1	...	1	...	...	2
Intussuception	1	...	...	...	1	...	1	...	...	2
Other Diseases and Causes ...	...	1	...	1	2	...	...	1	...	3
Totals	45	16	8	6	75	17	19	21	6	138

Maternity and Child Welfare.

MATERNITY AND CHILD WELFARE.

Two outstanding changes have occurred in the Maternity and Child Welfare Service during 1937.

The Maternity Unit at the Borough General Hospital was opened with 49 beds on the 1st of May, the Maternity Home at East Park Terrace being closed a few days later.

On 31st July the Municipal Midwives' Service for domiciliary midwifery was inaugurated. The area was divided into six districts, and eighteen midwives were appointed. Some of these were transferred from private practice, and some were engaged from outside. Certain of the independent midwives continue to practice as before.

The ten Welfare Centres were well attended, and were on occasions crowded, while the Central Clinic at East Park Terrace and the Clinic for children from 1 to 5 years at Sydney House were also busy.

The work done in connection with the Maternity and Child Welfare has been detailed in previous Reports, but in order that the particulars of the work may be seen at a glance in summarised form, it is again submitted with slight revision, each section being dealt with separately in order to give as much information as possible in connection with the Scheme.

The heads into which the work is divided are :—

(1) Provision for Maternity Services in the district.
  (a) Insurance Scheme for medical aid.
  (b) Inspection of Midwives.
  (c) Midwives Act, 1936. Municipal Midwives' Service.
  (d) Provision of Home Helps.
  (e) Inspection of Maternity and Nursing Homes.
  (f) Reports on notifications of puerperal fever and pyrexia.

- (g) Reports on still births.
- (h) Reports on ophthalmia neonatorum and pemphigus neonatorum.
- (i) Consultant Services in the district.

(2) Ante-natal Clinics.
(3) Maternity Home.
(4) Maternity Unit, Borough Hospital.
(5) Mothers' and Babies' Welcomes.
(6) Infant Clinics.
(7) General advice to mothers.
(8) Clinic for venereal diseases in women and children.
(9) Gynæcological, Post-Natal, and Birth Control Clinics.
(10) Health Visiting.
(11) Supervision of foster children under the Infant Life Protection Acts.
(12) Grants of free milk, etc.

1 (a). MIDWIVES ACTS, 1918—1936. INSURANCE SCHEME.

Section 14 of the Midwives Act, 1918, prescribes that in case of any emergency as defined in the Rules of the Central Midwives' Board, a midwife shall call in to her assistance a registered medical practitioner, and the Local Supervising Authority shall pay to such medical practitioner a fee in accordance with a scale fixed by the Ministry of Health.

Owing to a judgment given in the Court of Appeal in the year 1935, Section 8 of the Ministry of Health's Circular 358, relating to the payment of certain fees, became inoperative. The Minister, in pursuance of powers conferred on him under Sub-Section (i) of Section 9 of the Midwives Act, 1936, made Regulations to overcome this difficulty. The new Regulations cited as "The Medical Practitioners (Fees) Regulations, 1936," came into operation on the 26th of October of that year.

The same section of the 1918 Act gives power to the Local Supervising Authority to recover the fee from the patient or from the husband, or other person liable to maintain the patient, either summarily or otherwise as a civil debt, unless it be shown to their satisfaction that the patient or her husband, or such other person is unable, by reason of poverty, to pay such fee.

Owing to the difficulty experienced in recovering such fees from the patient, an Insurance Scheme, approved by the Ministry of Health, was inaugurated in the Borough under Section 2 (3) of the Midwives and Maternity Homes Act, 1926. This Scheme, which was first put into operation on the 1st of August, 1927, although detailed in previous Reports, is again briefly repeated for the information of those interested.

An expectant mother, who comes within the income limit, on booking her confinement with a midwife, may send the sum of 7/6 for a first pregnancy, and 6/- for any subsequent pregnancy to the Medical Officer of Health, which will insure her against any liability that may be incurred by the services of a doctor being requisitioned by the midwife in accordance with the rules of the Central Midwives' Board, within one week of the date of the official receipt.

The number of cases from whom the insurance fee was received under the Scheme during the year was 1,202, a decrease of 167 compared with the previous year, and an increase of 18 when compared with the number who insured in 1935.

The notifications received from midwives of sending for medical help totalled 1,353. This figure shows a considerable increase over the corresponding number for the year 1936, which was 989. Of the total number of insured patients medical aid was requisitioned in 52.7% of these cases.

The following statement shows the working of the Insurance Scheme since its inauguration in the year 1927 and its cost to the Local Authority. It must, however, be borne in mind that if the Insurance Scheme had not been adopted, the cost to the Authority in the non-collection of fees paid would have been greater.

(a) INSURED PATIENTS AND APPLICATIONS FOR MEDICAL AID.

Year ended 31st Dec.	Births and Still Births attended by Midwives.	Insured.		Number of.	
		No.	Percentage.	Form A Notices Received.	Percentage.
1927	2400	413	5 months only.	740	30.8
1928	2265	1024	45.2	779	34.4
1929	2368	1455	61.4	949	40.1
1930	2420	1636	67.6	1008	41.7
1931	2182	1516	69.5	995	45.6
1932	2342	1256	53.6	986	42.1
1933	2053	1234	60.1	906	44.1
1934	2024	1084	53.5	974	48.1
1935	1976	1184	59.9	1019	51.6
1936	2179	1369	62.8	989	45.4
1937	2565	1202	46.86	1353	52.7

(b) RECEIPTS AND PAYMENTS.

Year ended 31st Mar.	Receipts from Insured Cases.	Non-Insured Cases.	Total.	Payments to Doctors.		Total.	Loss on Insurance Scheme.
				Insured Cases.	Non-Insured Cases.		
	£	£	£	£	£	£	£
1927	—	20	20	—	253	253	—
1928	123	91	214	213	295	508	90 5 months only.
1929	294	58	352	577	164	741	283
1930	368	38	406	721	164	885	353
1931	391	59	450	706	126	832	315
1932	396	49	445	693	227	920	297
1933	421	67	488	998	366	1364	577
1934	408	72	480	583	243	826	175
1935	349	20	369	661	244	905	312
1936	374	89	463	645	301	946	271
1937	472	126	598	657	161	818	220

Loss on the Insurance Scheme is reduced by £51 per annum for 1937, as compared with the previous year.

1 (b.) INSPECTION OF MIDWIVES.

The number of midwives who notified their intention to practise in the County Borough during the year was 50. The supervision of the midwives is carried out by a qualified Inspector of Midwives appointed by the Council. The number of routine inspections made during the year was 125. The inspections, which included the personal cleanliness of the midwives, home conditions, equipment, etc., showed that the interest taken to maintain the high standard of midwifery work in the Borough was most satisfactory.

The midwifery registers, ante-natal records, charts, etc., were well recorded and kept up to date.

The wearing of caps, overalls, masks and gloves are advocated, to reduce the danger of infection. When a case of infection was reported, the midwife was immediately taken off and a Queen's Nurse put on to nurse the case. The midwife and her appliances were afterwards thoroughly disinfected by the Local Supervising Authority, a Health Visitor being in charge of the disinfection.

The disinfection of the midwife who comes in contact with any form of infection is carried out at the Disinfecting Station, West Quay, a trained nurse being in attendance to supervise the disinfection of the midwife and her equipment.

Twenty-five midwives were disinfected at West Quay Disinfecting Station for the following causes :—

Contacts with puerperal pyrexia	13
Chicken pox	1
Mumps	1
Meningitis	1
Whooping cough	1
Pemphigus	4
Paratyphoid	1
Rashes	2
Phlegmasia alba-dolens	1
Total ...	25

Lectures.—During the year a course of post-certificate lectures was again arranged by the Secretary of the Local Midwives' Association, the Council contributing towards the cost of the fees of the lecturers.

I give below a list of the lectures held, which were very interesting and well attended by the local midwives :—

Dr. Maule Horne	" Venereal Diseases."
Sister Randall, St. Thomas' Hospital	" Exercises during Pregnancy. Puerperium."
Dame Louise McIlroy ...	" Hæmorrhages."
Miss V. Grahame, London Hospital	" Prevention of Sepsis."
Dr. Alan Brews	" Abortions."
Miss Aldridge, Lecturer to the College of Nursing	" Practical Points in Nursing and Breast Feeding."

The following table shows the number of women in childbirth attended by midwives, and the percentage of still births to total births attended during the last ten years :—

Year.	Number of Live Births Registered.	Number of Live Births attended by Midwives.	Number of Still Births attended by Midwives.	Percentage of Live Births attended by Midwives to Births registered during same period.	Percentage of Still Births among Births attended by Midwives.
1928	3077	2220	45	72.7	2.0
1929	3232	2300	68	71.2	2.4
1930	3294	2369	51	71.9	2.2
1931	3042	2118	64	69.6	2.9
1932	3056	2260	61	73.9	2.7
1933	2916	2000	53	68.6	2.7
1934	2828	1977	47	69.9	2.3
1935	2764	1921	55	69.5	2.8
1936	2905	2128	51	73.2	2.3
1937	2754	2242	52	81.4	2.3

It will be noticed that the percentage of confinements conducted by midwives has increased from 73.2 to 81.4 per cent. for the total births registered.

The following are the particulars of notifications received by the Local Supervising Authority, and visits made in connection with midwifery work during the year :—

Notifications—

Intention to practise	50
Sending for medical aid	1353
Still births	52
Artificial feeding	41
Death of infant	15

Notifications—

Contact with infectious disease	11
Puerperal fever	4
Puerperal pyrexia	37
Ophthalmia neonatorum	27
Pemphigus	3
Laying out dead bodies	3

Visits—

By Inspector of Midwives—	
Routine inspection of Midwives	125
Routine inspection of Maternity Homes	71
By Inspector and Health Visitors—	
Special visits of enquiry	1469

The conditions for which medical aid was sought by the midwives during 1937 were :—

MOTHER.			
Ante-partum hæmorrhage		50	
Post-partum hæmorrhage		12	
Premature, delayed or prolonged labour		123	
Mal-presentation		48	
Retained placenta		12	
Ruptured perineum		190	
Threatened abortion or miscarriage		16	
General condition unsatisfactory—			
Ante-natal	392	447	
During puerperium	52		
Post-natal	3		
Cystitis		1	
Rise of temperature		31	
Albuminuria and high blood pressure		52	
Thrombosed or varicose veins		14	
			996
CHILD.			
Premature birth		16	
Dangerous feebleness		15	
Malformation of infant		14	
Tongue tie		1	
Discharge from eyes		76	
Pemphigus		3	
General condition unsatisfactory		52	
Still births		6	
			183
Total			1179

1 (c.) MIDWIVES ACT, 1936.

The Midwives Act, 1936, under which the Corporation provided a Municipal Midwifery Service for the district, came into operation on the 31st July, 1937.

A complete report regarding the proposals for this new scheme was given in my Annual Report for the year 1936.

The following is a report of the work carried out under this scheme from the 31st July, 1937, to the 31st December, 1937 :—

	Midwifery.	Maternity.
Number of cases attended :—	385	43
Form "A's" (for medical aid).		
Ante-natal—	Mother.	Child.
Referred to private practitioners	46	—
Referred to Ante-Natal Clinic	56	—
Albuminuria	15	—
Miscarriages	7	—
Ante-partum hæmorrhage	15	—
Labour—		
Delivery	39	—
Post-partum hæmorrhage	2	—
Ruptured perineum	42	—
Retained placenta	7	—
Breech and footling	12	—
Malformation	—	6
Feebleness	—	5
Puerperium—		
Rise of temperature	7	—
Varicose veins	4	—
Unsatisfactory general condition	10	11
Eyes	—	23
Post-natal—		
Unsatisfactory general condition	3	—
	265	45

	Midwifery.	Maternity.
Still Births.	5	5

Practical instruction in mothercraft is being given at East Park Terrace in connection with this service, and will be extended as soon as premises permit.

MIDWIVES' FEES.

The number of applications received for the payment of midwives' fees in necessitous cases during the year was not so great as formerly. In nineteen cases only were the fees paid during 1937, as compared with twenty-five in the previous year. This may be attributed to better employment and social conditions, and on the whole is considered satisfactory. All applications were investigated, and where no maternity benefit was available, and the applicant unable to pay the midwife, the application was approved and the fee paid by the Council.

1 (d.) HOME HELPS.

The question of the supply of Home Helps in necessitous cases again received the careful consideration of the Committee.

The Sub-Committee appointed to deal with these applicants meet once a month, when applications for payment of women to carry out these duties, and look after the mothers and children during the lying-in period, received sympathetic and careful attention, so that no mother was without the help required at this trying period.

During the past year 222 new applications were received and dealt with. Of these, 189 were granted, 31 refused as not eligible, and 2 were referred for further information at the end of the year.

The usual period for which a Home Help is supplied is two weeks, but authority has been given to the Superintendent Health Visitor to extend this period on application and recommendation by the midwife for a further period, if it is found that extra rest and care is needed for the mother.

Full particulars of the methods of procedure, duties and rules relating to Home Helps, etc., were given in the 1935 Report; it will therefore not be necessary to repeat the information in this volume.

1 (e.) NURSING HOMES REGISTRATION ACT, 1927.

Particulars regarding this Act, which came into operation on the 1st of July, 1928, have been embodied in previous Reports, and further details as to the number of Homes registered, etc., will be found on page 27.

Quarterly inspections were made of these Homes, and on the whole they were found satisfactory, particularly those of the large Nursing Homes, where the work is carried out in an efficient manner.

Fumigation and disinfection of rooms was carried out at these Nursing Homes for :—tuberculosis, 1 ; rash (child), 1 ; sepsis, 1.

NURSING OF CASES.

During the year the Queen's Institute of District Nursing has again rendered very valuable assistance in the nursing of cases where this has been needed, the Council making an annual grant approved by the Ministry of Health towards this service. Two hundred and fifty-nine cases were nursed by the Institute Nurses during the year, and 5,176 visits were made to these cases.

The following list gives particulars of the diseases from which the patients were suffering, the number of cases and visits paid :—

Disease.	No. of Cases.	No. of Visits.
Puerperal pyrexia	9	287
Contact infectious disease	10	117
Complications of pregnancy	1	5
Complications of puerperium ...	13	353
Breast abscess	9	275
Mastitis	6	109
Ophthalmia neonatorum	2	57
Whooping cough	2	16
Pemphigus neonatorum	5	127
Erysipelas	2	21
Tuberculosis	49	1,890
Pneumonia	50	1,104
Influenza	30	292
Children under 5 years not included in the above	59	523
	247	5,176

I (f.) PUERPERAL PYREXIA.

Under the new regulations puerperal fever is now under the heading of puerperal pyrexia. The number under this heading during 1937 was 39. Nineteen were notified by general practitioners, and 20 notified by the local Hospitals. Investigation into each case was made on notification being received, and steps taken to safeguard the patients and the spread of infection. Out of the 19 cases, 12 were sent to Hospital, the other 7 were nursed at home by the Queen's Institute Nurses.

In all cases of puerperal pyrexia the midwives were disinfected, and the Health Visitors attended to the disinfecting of bags and equipment ; the Home Helps were also disinfected, and the necessary disinfection was carried out in the Registered Homes and in the homes of midwives and patients. Queen's Institute Nurses were provided, and special nursing and investigation was made into the predisposing causes, and, as far as can be ascertained, the causes were :—

B. Coli infection	3
Influenzal infection	3
Localised infection	9
Albuminuria	2
Sapræmia	5
Poor general condition	3
Retained placenta	1
Staphylococcal endometritis	1
Pelvic cellulitis	1
Causes unknown	6
Plegmasia alba-dolens	1
Endometritis	2
Pyelitis	2
	39

I (g.) STILL BIRTHS.

One hundred and five still births occurred during the year 1937. Of these, 99 were notified. As far as can be ascertained, predisposing causes were chiefly due to the following :—

Septic toxæmia	5
Drugs suspected	1
Unavoidable accidents	8
Uterine inertia	6
Excessive hydramnios	2
Ante-partum hæmorrhage with placenta prævia	12
Prematurity	10
Malformation of cord	3
Pelvic contraction	2
Acute pyelitis	1
Breech presentation	15
Shock	1
Twin pregnancy and malformation	10
Mal-presentation	4
Albuminuria	8
Hyperemesis (6 month)	1
Causes unknown	16
Total	105

I (h.) OPHTHALMIA NEONATORUM.

Twenty-seven cases of ophthalmia neonatorum were notified during the year 1937.

Midwives use pro flavine in castor oil as a prophylactic treatment. Pro flavine has been renewed every three months by the midwives, and a strict supervision has been kept on the register, which is signed and dated each time supplies are issued.

Of 15 cases notified by general medical practitioners, 6 were treated at home ; 9 were notified by the Free Eye Hospital.

Immediately on receipt of the notification investigations were made to ensure that the necessary advice and treatment is not delayed. The whole of the cases under review cleared up, and no disastrous results to the vision occurred.

Particulars of each case notified, showing the present condition of the eyes, is detailed in the following table :—

OPHTHALMIA NEONATORUM. Particulars of cases notified.

(This Table is inserted by request of the Ministry of Health).

No.	CASES.			Vision Unimpaired.	Present Condition.	Remarks.
	Notified.	Treated				
		At Home.	In Hospital.			
1	January 1st ...	No	Yes	Yes	Well	Eyes reported quite clear. Discharged from Hospital, 10/3/37.
2	,, 15th ...	Yes	No	Yes	Well	Eyes cleared up in a few days.
3	,, 16th ...	Yes	Yes	Yes	Well	Eyes clear when visited, 5/2/37.
4	,, 17th ...	Yes	Yes	Yes	Well	
5	February 2nd ...	Yes	Yes	Yes	Well	Eyes quite clear when visited, 12/2/37.
6	March 4th ...	Yes	No	Yes	Well	Eyes cleared up when visited, 8/4/37.
7	April 1st ...	Yes	Yes	Yes	Well	Eyes quite clear when visited, 3/4/37.
8	,, 26th ...	No	Yes	Yes	Well	Eyes reported clear. Discharged from Hospital, 30/4/37.
9	May 15th ...	No	Yes	Yes	Well	Eyes quite clear.
10	,, 19th ...	Yes	No	Yes	Well	Eyes cleared in a few days.
11	June 3rd ...	Yes	Yes	Yes	Well	Eyes clear, 3/7/37.
12	,, 10th ...	Yes	Yes	Yes	Well	Eyes clear when visited, 17/6/37.
13	,, 14th ...	Yes	Yes	Yes	Well	Eyes clear when visited, 20/6/37.
14	,, 26th ...	Yes	No	Yes	Well	Eyes clear, 7/7/37.

OPHTHALMIA NEONATORUM. Particulars of cases notified.—continued.

No.	CASES.			Vision Unimpaired.	Present Condition.	Remarks.
	Notified.	Treated				
		At Home.	In Hospital.			
15	June 28th ...	No	Yes	Yes	Well	Right eye slightly swollen, 3/7/37, but no discharge.
16	July 3rd ...	No	Yes	Yes	Well	Eyes reported much improved, 10/7/37.
17	,, 25th ...	Yes	No	Yes	Well	Eyes quite clear, 28/7/37.
18	,, 29th ...	Yes	No	Yes	Well	Eyes reported clear, 3/8/37.
19	,, 31st ...	Yes	No	Yes	Well	Eyes clear, 4/8/37.
20	September 9th...	Yes	No	Yes	Well	Eyes clear, 16/9/37.
21	October 10th ...	No	Yes	Yes	Well	Eyes cleared.
22	,, 26th ...	No	Yes	Yes	Well	Satisfactory, 13/12/37.
23	,, 28th ...	No	Yes	Yes	Well	Reported to be a definite infection. Parents advised. Eyes clear.
24	November 2nd...	No	Yes	Yes	Well	Eyes clear.
25	,, 10th...	Yes	No	Yes	Well	Eyes quite clear, 24/11/37.
26	December 13th...	Yes	No	Yes	Well	Eyes clear.
27	,, 13th...	No	Yes	Yes	Well	Eyes clear, 31/12/37.

PEMPHIGUS NEONATORUM.

There was a slight outbreak of pemphigus in the Shirley area, the midwives attending were taken off their cases, and swabs were obtained ; where a positive reaction was found the usual throat hygiene was prescribed, and they returned to duty after the swabs proved negative.

1 (i.) CONSULTANT SERVICES IN THE DISTRICT.

The Consultant Obstetrician was summoned to the aid of private practitioners in the homes of patients in twenty cases.

2. ANTE-NATAL CLINICS.

Ante-natal Clinics were carried on at East Park Terrace ; Sydney House ; and from June at the new Maternity Unit—six sessions weekly in all.

The Consulting Obstetrician attends two sessions weekly, and, in addition to other cases, saw forty-six cases in consultation with private practitioners. One hundred and forty patients were sent by midwives. About 50% of the patients attending are booking for the Maternity Unit. Nine hundred and sixty-two new cases attended, and made 4,181 attendances.

DENTAL TREATMENT.

The number of ante-natal cases treated by the Dental Surgeon during the year was 342.

3. MATERNITY HOME.

The Maternity Home at East Park Terrace was open from 1st January to 10th May, 1937. One hundred and three cases were delivered (three by doctors) ; two cases had ante-natal treatment only. There was one still birth ; one pair of very premature twins died rapidly, and there was one case of ophthalmia neonatorum, which cleared up before discharge.

4. MATERNITY UNIT.

A detailed report regarding the work of the Maternity Unit during the year will be found in the separate report regarding the Borough General Hospital, on page 147.

5. MOTHERS' AND BABIES' WELCOMES.

Ten sessions weekly are held at these Welfare Centres. While primarily intended for well children, a certain amount of minor ailment treatment is inevitable. Diphtheria immunisation is available at the most outlying centres.

The number of individual children attending the Welcomes at the close of the year under one year of age was 1,205 ; from one to five years of age 2,503, a total of 3,708, which compares with a total of 3,614 for the year 1936.

Four voluntary Centres are open in the County Borough. The Welfare Authority's grant to these was augmented in 1937. The St. Michael's Welfare has noticeably increased its work.

Baby Welcomes are held on Tuesday afternoons at Woolston, with an average monthly attendance of 400 children under 5 years, and at Sydney House on Thursdays, with an average of 366.

There were two interesting innovations in 1937. The School Dental Officer attended once at Woolston to give advice about the teeth of any baby attending the Clinic that day. Most of the mothers consulted him and much appreciated the opportunity to do so, although his services are available any Friday afternoon at Sydney House.

On two occasions the senior class of Woolston Girls' School attended the Welcome as part of their course of hygiene, and were given some elementary hints on baby management. These lessons were enjoyed by the girls, and were commented upon very favourably by one of H.M. Inspectors, who had not previously found this practice in any school she had visited.

On Monday afternoons a pre-school Clinic is held for ailing children, many of whom have been attending once monthly for two years or more. A number of such cases were transferred to the new Artificial Sunlight Clinic in October. Twenty-nine children below school age were attending regularly at the end of the year ; 24 for general debility and 5 with mild rickets. Each child receives two exposures of three to seven minutes weekly for eight weeks. Three such courses are given with a fortnight's rest between each course. The doctor attends the Clinic every Friday morning, and grants malt and oil and milk to necessitous cases as part of the treatment.

It is not yet possible to assess the full value of the artificial sunlight as no child has completed treatment, but there is no doubt that the majority are deriving considerable benefit. Several mothers are convinced that their children are eating and sleeping better as a result of it, and there is a noticeable improvement in muscular tone.

The total attendances at the Municipal Welcomes are shown in the following table :—

ATTENDANCES AT WELCOMES.

Welcome.	Mothers.	Babies under 1 year. Old.	Babies under 1 year. New.	Toddlers. Old. 1—2 years.	Toddlers. Old. 2—5 years.	Toddlers. New. 1—5 years.	Weigh-ings.	Consulta-tions.	Lectures.	Ante-Natal.	Post-Natal.
Winton Street ...	2,991	2,275	151	467	686	66	2,343	1,609	—	10	—
Eastern	2,745	1,975	177	935	386	29	1,389	2,849	1	49	133
Shirley	3,401	2,254	162	1,201	719	29	1,366	2,377	—	—	—
Woolston	3,278	2,621	154	1,246	760	19	3,056	1,798	—	5	—
Northam	1,888	1,295	57	375	631	20	925	1,094	—	44	11
Portswood ...	7,167	4,179	308	2,078	2,166	108	5,134	3,895	7	267	5
Sydney House ...	3,372	2,479	188	593	560	29	3,449	1,884	—	—	—
Rechabite Hall ...	4,502	3,319	129	770	1,585	32	2,828	1,857	—	20	2
Cobden Avenue ...	2,849	1,915	120	532	772	35	3,010	1,585	—	1	—
Totals ...	32,193	22,312	1,446	8,197	8,265	367	24,494	18,948	8	396	151

6. INFANT CLINICS.

Infant Clinics at East Park Terrace and Sydney House. These are primarily intended for children who cannot obtain continuous medical supervision elsewhere, and cannot be dealt with adequately at the Welcomes. Minor ailments, coughs and colds, skin diseases and slow convalescence from acute diseases are treated, but a number of Welfare cases also attend, because the neighbourhood or the hours are more convenient.

ATTENDANCES.

Children.—East Park Terrace.		
New cases under 1 year	230	
,, ,, 1—5 years	109	
		339
Old cases under 1 year	1,860	
,, ,, 1—5 years	1,737	
		3,597
Children.—Sydney House.		
New cases under 1 year	16	
,, ,, 1—5 years	145	
		161
Old cases under 1 year	45	
,, ,, 1—5 years	418	
		463
Mothers.—East Park Terrace.		
New cases		80
Old cases		4,020
Mothers.—Sydney House.		
New cases		161
Old cases		657
East Park Terrace.		
Medical treatment—children	3,457	
,, ,, —mothers	195	
		3,652
Babies weighed		2,884
Sydney House.		
Medical treatment—children	624	
,, ,, —mothers	818	
		1,442
Babies weighed		169

The Dental Surgeon gave treatment during the year to 160 children and to 61 nursing mothers attending Sydney House.

7. General Advice to Mothers.

Under this heading are included cases seen by the Superintendent Health Visitor, and the Sister-in-Charge at the Maternity and Child Welfare Centre. Many problems are brought to them, and in some cases it is not only the mothers, but the father who calls for help and advice.

The visits and enquiries made for information occupies a great deal of the time of those in charge. Information and advice is sought on various matters, all of which receive sympthetic care and attention. A considerable number of mothers attend for general hygiene advice who do not, or are not able, to attend the Welcomes. In addition, medical and social enquiries are made, and in such cases, if necessary, they are dealt with by reference to private doctors, hospitals, philanthropic agencies, etc.

In addition, applications made for the services of a midwife are dealt with, particulars of which will be found in the section of the report dealing with the Midwives' Acts.

Many cases are referred to us for help by the midwives in supplying baby clothes, sheets, etc. A voluntary effort which was inaugurated last year, and the efforts of the midwives and friends to keep this store going, has been much appreciated.

The following are the particulars relating to the visits made:

East Park Terrace.

Number of general consultations by Medical Officer, Superintendent Health Visitor, and the Sister-in-Charge	1,252
Number of consultations for ante-natal and maternal advice	1,472

Sydney House.

Number of general consultations by Medical Officer and the Sister-in-Charge	219

8. Clinic for Venereal Diseases in Women and Children.

Routine examination for these complaints in the Ante-natal Department may lead to the detection of several members of one family needing treatment, ante-natal supervision and welfare treatment, and where necessary, delivery in Hospital is secured.

There are always in attendance some women with symptoms suggestive of, but not definitely proved, to be due to venereal disease, who yet cannot obtain appropriate treatment elsewhere.

9. GYNÆCOLOGICAL, POST-NATAL AND BIRTH-CONTROL CLINICS.

(a.) 23, EAST PARK TERRACE.

This Clinic was instituted in November, 1935, and is held on Wednesday and Thursday mornings. Soon after its inception it became necessary to set aside Wednesday morning for the purpose of ante-natal work, and Thursday morning for gynæcological and post-natal cases.

Instruction is given in the methods of birth-control to patients referred on the grounds that pregnancy would be prejudicial to their health.

Pupil midwives from the Borough Hospital have been encouraged to attend the Wednesday Ante-natal Clinic, where there is a wealth of teaching material, both normal and abnormal, and by their regular attendance, have shown remarkable keenness. Practising midwives also attend, when possible, with their cases.

One hundred and forty-five post-natal cases made three hundred and fifty-one attendances.

One hundred and forty gynæcological cases made six hundred and fourteen attendances.

The most noticeable feature of these Clinics is the great increase in attendances. The figures for both ante-natal and gynæcological cases are double those of the previous year. Fewer post-natal cases have been seen, as many of the routine post-natal examinations have been carried out on patients before discharge from the Maternity Unit, and only the abnormal cases referred.

The results of the Birth-Control Clinic are fairly satisfactory, though, as is to be expected, there have been a certain number of failures.

The number of attendances of practising midwives has greatly increased, but visits of pupil midwives have been very infrequent, and thus the opportunity of examining large numbers of both normal and abnormal cases has been missed, and valuable contact with the problems of the practising midwife not established.

(b.) SYDNEY HOUSE.

Midwives are encouraged to attend the Clinic with their ante-natal cases in consultation, but there is still need for greater co-operation. Until November, 1935, no gynæcological or post-natal cases were seen, and since inception the number referred by medical practitioners, health visitors and midwives has steadily increased. The majority of gynæcological cases are referred by medical practitioners.

SUMMARY OF ATTENDANCES.

EAST PARK TERRACE.

Ante-natal :		
New	801	
Old	3,525	
		4,326
Post-natal :		
New	307	
Old	768	
		1,075
Gynæcological and Birth-Control :		
New	116	
Old	561	
		677
Total		6,078

SYDNEY HOUSE.

Ante-natal :		
New	161	
Old	657	
		818
Post-natal :		
New	33	
Old	67	
		100
Gynæcological and Birth-Control :		
New	24	
Old	53	
		77
Total		995

10. HEALTH VISITING IN THE HOMES.

The Health Visiting staff was augmented in September, 1936, and now consists of eleven Health Visitors, who have a separate district allotted to each, in which they are responsible for all the branches of Public Health Work, viz., Tuberculosis, School Medical, and Maternity and Child Welfare visiting, and Venereal Diseases visits. They are also responsible for the weighing, measuring and cleanliness of the scholars in the schools in their respective areas. Each Health Visitor also attends the Infant Welfare Centre in the area allotted to her. There are also three permanent Health Visitors, who are employed whole time at the Clinics.

In addition to the above, there are two relief Health Visitors who work, if necessary, in the Clinic, or on any district where there is a pressure of work, or in case of illness. The Port Aliens' Nurse also visits special cases for investigation when her own work permits of this being done.

The Health Visitors also have a rota whereby each is on call for a week at a time for work at the disinfecting station in assisting in the disinfection of midwives or female contacts.

Fuller and more detailed information of the routine work carried out by the Health Visitors was embodied in the Annual Report for the year 1935, and it is not thought necessary to again repeat it in this present report.

The following is a record of visits made by the Health Visitors in connection with this branch of the Health Services during the year :—

Visits in connection with Midwives' Acts ...	1,086
Visits to expectant mothers	1,469
First visits to infants under one year of age ...	3,009
Re-visits to infants under one year of age ...	13,151
,, ,, children over one year of age and under school age	16,350
Visits to cases under ophthalmia neonatorum regulations	36
,, ,, cases of pneumonia, measles, chicken pox and mumps	419
Visits in connection with free milk	1,160
,, ,, ,, Orthopædic Clinic ...	348
Visits to nurse children under Children's Acts ...	647
Other visits...	1,734
Total	39,409

As indicated in the first paragraph of the report on the work of health visiting, the Health Visitors also make visits in connection with Tuberculosis Regulations and School Medical work, the particulars of which are dealt with under the respective sections.

11. SUPERVISION OF FOSTER CHILDREN UNDER THE INFANT LIFE PROTECTION ACTS.

Particulars regarding the functions under Part I (Infant Life Protection) of the Children Act, 1908, placed under the administration of the Public Health Authority by the Local Government Act, 1929, have been fully described in previous Reports.

Power is given to enable advice and direction of the Infant Life Protection Visitor to advise on nursing and general health, and well-being of the child.

The Authority has power to limit the number of children in the foster-home, and to impose conditions regarding sleeping accommodation, care of the children, etc.

Every person who proposes to receive a child for reward must give seven days' notice before the reception of the first child ; for every additional child forty-eight hours' notice, and in the case of a child received without reward within forty-eight hours after the undertaking to receive for reward. This notice is necessary in order to permit the premises to be inspected to ascertain the condition under which the child will live, and it is therefore very important that no evasion of the Acts should occur.

The obligations resting on those receiving children under the Acts require not only the notification of reception, but the notifications of change of residence and removal or death of the child. All these particulars have been set out in pamphlet form, which is supplied to each foster-mother, so that no question as to their duty shall arise.

Any children removed to another area are notified to the Authority to whose area the child has been removed, in order that they may not be lost sight of.

The number of persons who gave notice of reception of children under the Acts during the year was 52. At the end of the year there were 53 persons registered for the reception of children under the Acts, and the number of children in their charge was 86.

In addition to the usual visits made by the Health Visitors, quarterly visits are made by the Infant Life Protection Visitor, and reports submitted on each home and the children, in order to obviate any overcrowding or circumstances detrimental to the health of the children. Where any matters needing attention exist, communications are addressed to the foster-parents to remedy the matter, and the premises again visited to ensure that the instructions have been carried out.

The following summary of particulars relating to persons and children on the register at the end of 1937 are :—

Number of persons on register	53
Number of children in their care	86
Number of children registered during the year	59
Number of children removed from register ...	38
Number of deaths during the year	Nil
Number of inspection visits to these children...	713

12. GRANTS OF FREE MILK, COD LIVER OIL, ETC.

During the past year 1,935 families received free or cheap milk, as compared with 1,997 for the year 1936.

The supply of milk to delicate children between the ages of two and five years has been increased.

The method of procedure adopted for the purpose of granting fresh or dried milk under the Authority's Maternity and Child Welfare Service is briefly as follows :—

Application is made to the Health Visitor at the Welcomes, Clinics, or when visiting cases at the homes, and a form is given to the applicant. The form, when completed and signed by both parents, is returned to the Medical Officer to whom the mother or child is known, as the supply of milk can only be granted to Welcomes or Clinics. It must be obvious to all interested that grants of free milk cannot be made to all and sundry unless the doctor is in a position to certify that the health and condition of the child or mother indicates the necessity of it, as laid down in the Regulations of the Ministry of Health.

The applications are scrutinised and approved by the Milk Sub-Committee each month, but emergency grants of fresh and dried milk are issued on the authority of the Medical Officer in the interim, which are confirmed by the Sub-Committee at the next meeting. Any refusals by the staff are referred to the Sub-Committee for consideration, with the reason for such refusal.

Cod liver oil and malt is also supplied, and, while this remains the staple nutrient preparation given in addition to milk, increased use of some vitamin concentrates issued as drugs has been made, especially where cod liver oil is not tolerated.

The total amount of free fresh milk granted during the year was 270,232 pints, compared with 288,795 pints in 1936 ; and free dried milk 28,503 lbs., compared with 28,773 lbs. in 1936.

Only pasteurized milk treated by the retarded process is supplied to mothers and infants under the Council's Scheme.

The following are the particulars relating to the supply of fresh and dried milk and cod liver oil and malt made during the year :—

FREE FRESH MILK.	Average number on books.	Total amount supplied in pints.
Expectant mothers	74	26,158
Nursing mothers	145	52,264
Infants under 6 months	76	11,127
Infants between 6 months and 5 years of age	453	162,615

FRESH MILK AT LESS THAN COST PRICE.	Average number on books.	Total amount supplied in pints.
Expectant mothers	1	175
Nursing mothers	2	721
Infants under 6 months	1	321
Infants between 6 months and 5 years of age	6	2,142

FREE DRIED MILK.	Average number on books.	Total amount supplied in lbs.
Expectant mothers	4	403
Nursing mothers	5	504
Infants under 6 months	88	8,876
Infants between 6 months and 5 years of age	181	18,611

DRIED MILK AT LESS THAN COST PRICE.	Average number on books.	Total amount supplied in lbs.
Infants under 6 months	2	214
Infants between 6 months and 5 years of age	4	372

FREE COD LIVER OIL AND MALT.

	Lbs.
East Park Terrace	9,839
Sydney House	469

The following particulars show the number of persons in receipt of free fresh or dried milk at the beginning and end of the year. These figures will not, of course, compare with the average number on books given in the details, which vary from month to month, but are those actually in receipt of milk at the end of each year stated.

Number	receiving	fresh milk,	31st	December,	1936	769	
,,	,,	dried milk	,,	,,	,,	291	
							1,060
,,	,,	fresh milk	,,	,,	1937	757	
,,	,,	dried milk	,,	,,	,,	306	
							1,063

SALE OF DRIED MILK AT COST PRICE.

Facilities are also granted to parents to continue obtaining dried milk, and malt and cod liver oil at the various Centres at cost price after treatment is complete. They are also able to obtain some of the nutrient preparations for children at cost price.

ORTHOPÆDIC CLINIC.

This Clinic has continued its valuable work of improving or remedying the orthopædic defects of the school and pre-school child.

The sessions are held at No. 1 East Park Terrace, and the Clinic is conducted by a Surgeon from the Lord Mayor Treloar's Cripples' Hospital, at Alton. The Surgeon attends twice a month on alternate Wednesdays. He is assisted on these afternoons by one of the medical officers of the School Medical Department, who is also in charge of the Clinic on the remaining Wednesdays in the month.

Increased attendance of patients at these Clinics has necessitated the holding of several additional sessions during the year. In all, 53 Clinics have been held ; the Specialist attended 24 and the Authority's medical officer 29.

The increased attendance does not necessarily indicate a corresponding increase in the number of defects. It may be accounted for by the fact that—

1. More parents realise the advantages of its use to their children ; and
2. An increasing number of cases is referred to the Clinic by medical practitioners who wish to avail themselves of the expert advice of the Surgeon from Alton.

The Remedial Clinic is attended on five mornings a week by a fully qualified masseuse, who carries out the treatment prescribed by the Surgeon on the Wednesday afternoons. Early defects left untreated would lead to obvious deformity, but by early and regular attendance benefit tremendously by this Clinic. Treatment includes exercises, massage, sun-ray, radiant heat, and application of plasters, while splints, calipers and special boots are provided for those children who need them.

The number of cases of flat-foot this year is 216, as against 115 last year. This suggests that the younger generation are becoming flat-footed. There is reason to believe that the daily wearing of heel-less shoes—such as plimsolls, sandals and Wellingtons tends to increase the tendency to " dropped arches," and it is advisable for parents to bear this in mind.

During the year 52 cases from the County Borough were admitted to the Lord Mayor Treloar's Home, and 7 more are awaiting admission, making the total of 59 in all. Fifty-five children have been discharged as cured or improved, requiring no further treatment.

Cases from the neighbouring County of Hampshire have continued to attend the Clinic this year, the number increasing from 25 last year to 40 this year.

The following is a record of the cases who attended the Clinic during the year :—

Analysis of Attendances at the Orthopædic Clinic, 1937.

Congenital—	Talipes equino-varus	23
	Calcaneo valgus	2
	Calcaneo cavus	2
	Talipes calcaneo valgus	1
	Torticollis	9
	Dislocation of hip	11
	Spine	8
	Pseudo-coxalgia	4
	Other forms, including combinations of more than one defect	10
Traumatic—	Old fracture	3
	Sprained ankle	2
	Dislocation	0
	Scarring	1
	Other forms	3
Other—	Kyphosis	43
	Scoliosis	33
	Poor posture	18
	Pes planus	216
	Pes cavus	10
	Hallus valgus	11
	Other foot deformities	20
	Other forms, including combinations of more than one defect	48
Rickets—	Genu valgum	50
	Genu varum	15
	Other forms, including combinations of more than one defect	9
Inflammations—	Arthritis	9
	Rheumatic	12
	Osteomyelitis	3
	Ankylosis	—
	Other forms	5
Paralysis—	Erb's birth palsy	3
	Infantile	28
	Congenital spastic paraplegia	20
Tuberculosis—	Spine	8
	Hip	12
	Upper limb	3
	Lower limb	5
Various other conditions		39
		699

Table showing attendances of patients during the year 1937:

Classification.	Attendances of Patients.							
	Under School Age.		School Age.		Over School Age.		Total.	
	New.	Old.	New.	Old.	New.	Old.	New.	Old.
Tuberculosis of—								
Spine	1	2	4	24	...	3	5	29
Hip	...	...	1	21	1	7	2	28
Other Joints ...	...	...	1	6	...	46	1	52
Other Crippling Diseases—								
Spine	1	23	145	4236	1	12	147	4271
Feet and other Cases ...	49	406	249	4588	3	19	301	5013
Rickets	32	35	...	6	...	...	32	41
Total ...	83	466	400	8881	5	87	488	9434
Cases from the County of Hampshire ...	...	...	...	...	...	...	21	279
							509	9713

DISPENSING.

The following are the particulars of the number of individual cases for whom medicines, etc., were dispensed in connection with the services at the various Clinics during the year :—

Maternity and Child Welfare ...	8,796
Orthopædic	13
Tuberculosis	3,418
Venereal diseases	273
School Medical	5,687
Total ...	18,187

Notifiable Infectious Diseases.

THE INCIDENCE OF NOTIFIABLE INFECTIOUS DISEASES.

The following is a total of the notifications received during the year, also the rate per 1,000 of the population :—

	Notified.	Rate per 1000 of Population.	England and Wales.
Small Pox	0	0.00	0.00
Diphtheria	267	1.49	1.49
Erysipelas	65	0.36	0.37
Scarlet Fever	241	1.35	2.33
Enteric Fever and Para-Typhoid Fever	16	0.09	0.05
*Puerperal Fever *Puerperal Pyrexia	39	13.20	13.93
Cerebro-Spinal Fever	2	0.01	—
Encephalitis Lethargica	—	0.00	—
*Ophthalmia Neonatorum	28	9.87	—
Pulmonary Tuberculosis	294	1.64	—
Other Forms of Tuberculosis	31	0.17	—
Pneumonia	112	0.62	1.36
Malaria	—	0.00	—
Poliomyelitis	1	0.005	—
Polio Encephalitis	—	0.00	—
Dysentery	1	0.005	—
	1,097		

*The rate for Puerperal Fever and Puerperal Pyrexia is calculated on the number of live births and still births registered, and Ophthalmia Neonatorum on live births registered.

The death-rate per 1,000 of the population from the diseases specified above for the past five years is shown in the following table :—

	1933	1934	1935	1936	1937
Small Pox	.000	.000	.000	.000	.000
Scarlet Fever	.006	.006	.011	.000	.011
Diphtheria	.051	.119	.203	.085	.056
Enteric Fever	.000	.006	.006	.005	.005
Measles	.034	.051	.017	.163	.000
Whooping Cough	.039	.085	.034	.034	.044
Diarrhœa and Enteritis under 2 years of age	.045	.045	.068	.113	.084

The following table shows the number of notifications received of Infectious Diseases, which have been classified in age groups and Municipal Wards.

CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR, CLASSIFIED IN AGES AND LOCALITIES.

Disease.	Number of Cases notified.								Total Cases Notified in each Municipal Ward.																	Institutions.
	At Ages—Years.																									
	At all Ages.	Under 1 year.	1 & under 5 years.	5 & under 15 years.	15 & under 25 years.	25 & under 45 years.	45 & under 65 years.	65 and upwards.	Town.	St. Mary's.	Northam.	Trinity.	Newtown.	All Saints.	Bevois.	Banister.	Freemantle.	Millbrook.	Shirley.	Portswood.	St. Denys.	Bitterne & Pear Tree.	Bitterne & Sholing.	Woolston.	St. Nicholas.	
Small-pox	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet Fever ...	241	2	55	166	9	7	2	..	21	16	8	13	8	4	7	23	8	6	46	4	7	21	29	7	13	11
Diphtheria	267	9	66	123	44	20	3	2	30	14	14	13	11	7	6	10	7	7	64	8	7	10	12	12	35	52
Enteric Fever ...	4	..	..	2	1	1	..	..	..	..	..	..	..	..	..	1	..	1	..	1	1	..	..	..	..	..
Para-Typhoid Fever	12	..	..	5	5	2	..	..	..	2	..	..	1	..	1	..	..	2	1	1	1	1	1	..	1	6
Puerperal Fever ...	4	..	..	..	..	4	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	1	1	..	..	..
Puerperal Pyrexia ...	35	..	..	..	14	21	..	..	1	1	2	..	4	..	..	1	..	..	21	..	1	2	2	..	..	21
Erysipelas ...	65	2	3	..	3	26	20	11	8	2	2	2	6	2	3	2	2	4	23	2	1	2	2	..	2	15
Cerebro-Spinal Fever	2	1	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	2
Acute Poliomyelitis	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
Encephalitis Lethargica	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Polio-Encephalitis ...	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ophthalmia Neonatorum	28	28	..	..	..	..	..	..	1	2	2	3	2	1	1	1	..	..	4	1	3	2	3	..	2	3
Dysentery	1	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia	112	6	13	17	11	27	29	9	11	3	4	5	2	1	2	1	12	2	40	7	5	5	9	..	3	23
Pulmonary Tuberculosis	294	..	7	78	63	92	50	4	20	20	12	12	9	14	12	8	12	27	29	17	10	23	24	19	26	..
Other Forms of Tuberculosis	31	2	1	15	6	5	2	..	..	1	1	2	2	3	..	1	2	1	4	1	..	5	4	1	3	..
Totals ...	1097	50	145	408	156	205	106	27	92	61	45	50	45	33	33	49	43	51	232	42	36	74	87	39	85	133

The following table shows the number of cases of notifiable disease recorded in the Borough during the past five years :—

Disease.	1933.	1934.	1935.	1936.	1937.
Small Pox	—	—	—	—	—
Scarlet Fever	469	582	357	328	241
Diphtheria	286	741	787	348	267
Enteric Fever	6	5	13	10	16
Puerperal Fever	14	9	6	4	39
Puerperal Pyrexia	17	30	22	29	
Erysipelas	74	73	64	54	65
Cerebro-Spinal Fever	8	3	2	2	2
Poliomyelitis	5	6	—	1	1
Ophthalmia Neonatorum	35	23	38	18	28
Pulmonary Tuberculosis	232	618	388	360	294
Other Forms of Tuberculosis ...	46	36	31	38	31
Encephalitis Lethargica	2	2	—	1	—
Pneumonia	112	83	64	72	112
Malaria	—	—	—	2	—
Dysentery	1	1	—	—	1
Polio Encephalitis	—	—	—	1	—
Totals	1,307	2,212	1,772	1,268	1,097

Ophthalmia Neonatorum was made compulsorily notifiable on 1st April, 1914 ; Encephalitis Lethargica on the 1st January, 1919 ; Pneumonia, Malaria and Dysentery on 1st March, 1919, and Puerperal Pyrexia on the 1st October, 1926.

There were 564 visits and re-visits made to houses in which infectious diseases occurred, and inquiries were made relative to the probable source of infection, and the isolation of the patient. Information was also given concerning the precautions necessary to be taken to prevent the spread of disease, and in the case of Measles advice as to treatment and nursing of patients where a doctor was not in attendance.

SMALL POX.

No case of Small Pox was notified in the Borough during the year.

SCARLET FEVER.

The number of cases of Scarlet Fever notified during the year amounted to 241.

This number is a decrease of 87 when compared with 1936, in which year 328 cases were notified. The figures compared with the number notified in 1935, show a decrease of 116.

The rate per 1,000 of the population in Southampton was 1.35, and for England and Wales 2.33.

The number of cases notified and deaths resulting from the disease for the past five years were :—

	Cases.	Deaths.	Percentage.
1933	469	1	0.21
1934	582	1	0.17
1935	357	2	0.56
1936	328	0	0.00
1937	241	2	0.80

The following table gives particulars of cases of Scarlet Fever notified in the Borough, showing the number treated in the Isolation Hospital, the period of detention and the number of "return" cases during the past seven years :—

Year.	Cases notified.	Admitted to Hospital.	Average period in Hospital (days).	No. of "return" cases.	Cases treated at home.
1931 ...	185	144	32.0	0	41
1932 ...	153	122	34.3	1	31
1933 ...	469	390	33.8	1	79
1934 ...	582	410	31.8	1	172
1935 ...	357	172	37.8	3	189
1936 ...	328	170	31.7	1	158
1937 ...	241	194	33.1	0	47

INFLUENZA AND PNEUMONIA.

A considerable increase in the number of deaths from influenza was recorded during the year, the total deaths being 63, as compared with eight in 1936 and 14 in 1935.

The deaths from all forms of pneumonia totalled 158, as compared with 138 during the year 1936.

The notifications received of cases of pneumonia were 112, as compared with 72 in 1936.

CEREBRO-SPINAL FEVER.

Two cases of cerebro-spinal fever were notified during the year.

DIPHTHERIA.

The number of notifications of diphtheria received during the year relating to residents of the Borough was 267, compared with 348 in 1936.

Ten deaths occurred from the disease, giving a case mortality of 3.74.

The number of cases notified and deaths recorded during the past five years are shown in the following Table :—

	Cases.	Deaths.	Percentage.
1933	286	9	3.15
1934	741	21	2.83
1935	787	36	4.57
1936	348	15	4.31
1937	267	10	3.74

A REVIEW OF THE INCIDENCE OF DIPHTHERIA AMONGST THOSE ACTIVELY IMMUNISED AGAINST THE DISEASE IN SOUTHAMPTON.

By
H. C. MAURICE WILLIAMS, M.R.C.S., L.R.C.P., D.P.H.,
Medical Officer of Health and School Medical Officer, Southampton;
and
A. CARLING, B.M., B.CH., D.P.H.,
Assistant School Medical Officer, Southampton.

In the years 1934-37 inclusive, 13,056 children between the ages of 12 months and 14 years were dealt with under the Diphtheria Immunisation Scheme. This number was made up as follows :—

TABLE I.

			Total.	% of the total immunised.
1. Number of children who received three injections of T.A.F. with final Schick Test negative ...	7,055		9,814	75%
2. Number of children who received one, two or three injections of T.A.F., but did not complete the course	2,759			
3. Number of children who received one injection of Alum with final Schick Test negative	1,125	2,134	2,962	22%
4. Number of children who received two injections of Alum with final Schick Test negative	1,009			
5. Number of children who received one or two injections of Alum, but did not complete course ...	828			
6. Number of children who received a Schick Test and were found to be naturally immune	280		280	3%

The materials used were Toxoid Antitoxin floccules (Burroughs Wellcome & Co., and Evans, Lescher and Webb) and Alum Precipitated Toxoid (Parke, Davis & Co.). Three injections of 1 c.c. at fortnightly intervals were given of Toxoid Antitoxin floccules, and one injection of Alum Precipitated Toxoid of 0.5 c.c. up to the middle of 1937, when the procedure was varied to an initial dose of 0.1 c.c., followed by 0.5 c.c. a fortnight later.

From this large series 106 subsequently had diphtheria or else were contacts from whom positive swabs were obtained. All the cases showing clinical signs and most of the contacts were admitted to the Borough Isolation Hospital, and the Resident Medical Officer provided the notes from which the severity of the disease was estimated. Only fourteen cases could be described as severe, and this small number included any in which the seriousness of the illness was in doubt. The purpose of this investigation is to show how far the choice of material and the use of a Schick Test affected the subsequent history. To this end the 106 cases have been grouped in Table II according to the material used and the clinical condition found.

Method of Immunisation.	Fully Immunised and Schick Negative before Diphtheria.	Fully Immunised but not Schicked before Diphtheria.	Partially Immunised and Schick Negative before Diphtheria.	Partially Immunised and no Schick before Diphtheria.	Total Immunised with each material.	Total Schick Negative.	Clinical Diphtheria.				Details of Severe and Fatal Cases.
							No Clinical Signs (positive swab).	Mild.	Severe.	Fatal.	
T.A.F. three injections of 1 c.c. ...	32	30	3	6	71	35	28	33	9	1	The fatal case was admitted seriously ill 11 days after the first injection. Of the severe cases :— 4 had had three injections and were Schick Negative. 2 had had three injections but no Schick. 1 had had two injections but no Schick. 1 had had one injection but no Schick. 1 had had one injection and was then found Schick Negative.
One injection alum of 0.5 c.c.	17	11	—	—	—	—	9	16	2	1	One fatal case had had 1 injection alum of 0.5 c.c. and was Schick Negative. The other child died of scarlet fever and diphtheria two months after receiving the second injection. Two severe cases had one injection but no Schick.
Two injections alum of 0.1 c.c. and 0.5 c.c.	2	2	—	—	—	—	1	2	—	1	
	19	13	—	—	32	19	10	18	2	2	
Naturally immune	—	—	—	—	—	3	2	1	0	0	No severe case.
Totals ...	51	43	3	6	103	57	40	52	11	3	

103+3 naturally immune=106.

106

It will be seen from Table I that 75% of the children received T.A.F. and 22% received Alum. One would expect, therefore, that about 75% of the subsequent cases would follow T.A.F. had the two materials given the same degree of protection. It will be seen from Table II, however, that 71 children (67%) received T.A.F., whilst 32 (30%) received Alum. This discrepancy may be due chiefly to the fact that Alum was used generally speaking for the younger children, amongst whom the incidence of diphtheria would be relatively large. Secondly, if one considers the 32 cases following Alum, it will be seen that only four had received two injections. As 1,009 children received the double dose, this is a very small figure. The incidence of diphtheria declined appreciably in 1937, when the double dose was being used exclusively for Alum, so that one would not expect the cases to be equally distributed, but so big a difference is surprising. When one adds that the only complete failure occurred after a single dose of Alum (see below) there are at least grounds for suggesting that the " one-shot " method is not sufficient.

At first sight it may appear a matter of grave concern that over 100 children should have had any history of diphtheria, after active immunisation. It must be remembered, however, that the measure was introduced in the face of one of the worst epidemics recorded in Southampton, and that for the first three years the incidence of the disease was much above the average. During the years 1934-37 inclusive there were 1,691 notifications of diphtheria, with 68 deaths in children of twelve months to fifteen years, a mortality rate of 4%. The 13,056 children immunised form at least one-quarter of the child population of the Borough, and had not been selected in any way. In the four years, therefore, at least 422 of them would have been expected to contract diphtheria, had there been no immunisation. Actually only 106 did so, which is just one-quarter of the expected number. Of these, three died, whereas seventeen might have been expected to do so.

There were only fourteen serious cases, although the type of diphtheria prevalent during the first two years was rather more virulent than usual.

It is certain that many of the "mild" cases would have been more severe, and most of those with "no clinical signs" would have had some clinical evidence of the disease, but for immunisation.

In the previous report by the Department on this subject, it was found that no serious case occurred after a complete course with a negative Schick Test, but in this series six of the fourteen severe cases had been previously found Schick negative. The disease occurred in these six cases :—Two weeks, four months, nine months, sixteen months, twenty-four months and twenty-four months after the test. The wide differences in time of occurrence do not suggest that there is a reversion-rate for Schick negative children after a given period.

It is possible that in the one fatal case after T.A.F. the child was already incubating the disease, and that inoculation a few days before the first symptoms caused delay in seeking a doctor's advice. If not actually incubating the disease, she must have become infected within a few days of the first injection, when a "negative phase" may exist. Concerning the two fatal cases following Alum, one child had received two injections, but became ill two months after the second, so it cannot be said that he had been proved immune. From the full report on this case, his death would appear to be due as much to scarlet fever as to diphtheria, so that one cannot say that immunisation entirely failed. The other child had received one injection of 0.5 c.c., and had been found Schick negative two years previously. The full records and correspondence on this case leave no doubt that it is the exception which proves once again that no rule of medicine is absolute.

One other fact of interest arises from this investigation. Immunisation has not been offered below the age of 12 months, as it is generally agreed that there is a high degree of natural immunity below one year. There were in fact only 39 such cases out of 1,691 notifications in the four years under review. Unfortunately, five of these children died giving a mortality rate of

12.8%, three times as great as that for all children under 15 years, so it may be desirable to reconsider the age at which immunisation is offered.

CONCLUSIONS.

1.—Although immunisation, together with a confirmatory Schick test does not afford absolute protection from the Toxic effects of invasion of the tissues by the diphtheria bacillus, it does reduce the chances of becoming seriously ill to the order of 1 in 1,000.

2.—Immunisation also reduces the case-rate to one-quarter of that in an unprotected community during an epidemic.

3.—Both T.A.F. and Alum give a high degree of protection, but the suggestion is made that the " one-shot " method is inadequate.

4.—As cases of diphtheria with a naturally relatively high death rate do occur under the age of twelve months, it is desirable to consider offering protection at a younger age.

5.—In this series the value of the final Schick test in determining the chances of infection later appears to be much less than in the previous report on this subject.

References, Report of School Medical Officer for Southampton, 1936, page 88 ; also " The Medical Officer," dated the 1st August, 1936, page 45.

REPORT ON OUTBREAK OF DIPHTHERIA AT THE CONVENT HIGH SCHOOL.

On Monday, the 6th December, one case of diphtheria was notified from the Convent High School, and on Tuesday a further four notifications were received of cases at the same school.

Of the latter cases, three were in one family, all girls, who were triplets. In addition to these cases, a further case was sent direct to the Isolation Hospital on the 7th December, the child in question attending the Convent, but living outside the Borough.

In consequence of these cases in a small school of 170 pupils, 50 of whom are boarders, arrangements were made with the Mother Superior for the whole of the pupils to be swabbed, Schick tested, and immunised where the parents gave consent for this to be done. On the 10th December 57 children were swabbed, and a further 42 were swabbed on the 11th. Owing to the School Authority closing Forms I and Lower IV, in which the cases occurred, the full number was not swabbed. A circular letter was sent to the parents of all children who were absent, informing them of the existence of diphtheria at the school, and advising them to obtain medical advice. The private doctors were also advised as to the outbreak.

As a result of the first day's swabbing, one child—a boarder—was found to have a slight exudate, which proved to be due to the diphtheria bacillus, and two children (one boarder and one day scholar) were found to have positive throat swabs with no clinical symptoms. Of the swabs taken on the second day, only one was found to be positive. The two boarders, the child with faucial diphtheria and the positive swab (throat) were sent to the Isolation Hospital. Another positive throat case, which had been diagnosed by a private doctor, was treated by appropriate means at home.

Thirty-five parents allowed their children to be Schick tested, and from the table below it will be seen that from these children 30 gave negative results. The remaining five were given 500 units of anti-diphtheritic serum after desensitisation, as it was hoped by this active immunisation to give an immediate immunity which would last for three weeks.

Later, on the 11th December, two more children were swabbed, with negative results. On the 13th the doctor in charge of the boarders reported the fact that two children had been ill for about fourteen days, and he now suspected follicular tonsillitis, the throat condition having only developed on the previous day. Both these cases were positive.

Age.	No. of Children per Age Group.	Schick Result.	
		Positive.	Negative.
9	3	3	–
10	–	–	–
11	5	–	5
12	–	–	–
13	4	2	2
14	6	–	6
15	8	–	8
16	3	–	3
17	6	–	6
Total	35	5	30

AN INVESTIGATION INTO AN OUTBREAK OF PARATYPHOID B. FEVER IN SOUTHAMPTON, WHICH REVEALED SOME UNUSUAL BACTERIOLOGICAL FINDINGS.

On 30th August, 1937, a female patient (I.P., aged 11 years) was transferred to the Isolation Hospital, Southampton, from the Royal South Hants and Southampton Hospital. On admission to the Isolation Hospital she had the following clinical signs :—Face flushed, few rose spots on the chest and abdomen, slightly enlarged spleen, diminished reflexes and semi-formed stools.

The history obtained was as follows :—On 11th August the patient first complained of epigastric pain, which was accompanied by frequent vomiting. She left Southampton on the following day to spend a holiday at Leatherhead, but as the sickness and pain continued, she returned home on the 16th, and her parents called in their private doctor. Two days later he arranged for her admission to the Royal South Hants Hospital, with the provisional diagnosis of pyelitis. Whilst in the voluntary Hospital there were no clinical signs, except slight tenderness in the epigastrium, and a temperature which varied between 100°F. and 104°F., the latter returning to normal on the 27th August. A specimen of blood was taken on 28th August, and this agglutinated *B. paratyphosus B.* to a titre over 1 in 250. On the same date *B. paratyphosus B.* was cultured from her fæces. The patient, on being questioned at the Isolation Hospital, mentioned that on Sunday, 8th August, she had been one of a bathing party of six at Netley, and following the bathe all the members of the party had purchased some cartons of ice cream from a street vendor. Following up the other members in the party, we found that one (Mrs. P. N.) was under treatment by a private doctor for abdominal pain and diarrhœa, which had commenced on 24th August.

The doctor, when informed that his patient was a contact with a case of *paratyphoid fever,* arranged for her admission to the Isolation Hospital on 1st September. She had at the time of admission slight rigidity and distension of the abdomen, and rose spots appeared on 2nd September. Blood specimens taken on 2nd and 4th September gave negative results, but on 6th September the patient's blood agglutinated to *B. paratyphosus B.*, and a culture of the same organism was grown from a rectal smear taken on the following day.

Although the patients I. P. and P. N. were cousins, the bathing party at Netley was the only occasion for some months on which they had been out together, and the only food taken in common by these two patients was the ice cream they had purchased.

I. P. remembered the name of the vendor, and arrangements were made to take a sample from the roundsman who had served them on 8th August. This sample was sent to the Municipal Laboratory on 3rd September, and on Monday, 6th September, I was informed that a non-lactose fermenting colony had been grown on McConkey's medium, and that the gram negative bacilli of which it was composed, when examined under a hanging drop preparation, had proved to be motile, but they gave the sugar and agglutination reactions of *bacillus typhosus*.

On visiting the vendor's premises I found that the ice cream was manufactured in the following manner :—

A large water-jacketted container, capable of holding 30 gallons, was filled to half its capacity with warm water from the domestic hot water supply, and by means of gas heating the temperature of the water was raised to between 65° and 80°F. Skimmed milk powder (no fresh milk was used in the process), stored as it arrived from the manufacturers in casks, was then added to the warm water, and the temperature raised to 120°F. At this temperature $\frac{1}{2}$% gelatine and butter were added, and the mixture raised to 160°F. and retained at this temperature for 30 minutes. All the temperatures were controlled by means of a thermometer inserted into the container.

The mixture was then homogenised and pumped over a water and brine cooler, and collected in a milk churn. The cooled mix contained in the churn was allowed to stand for at least several hours (sometimes for as long as two days) in the outer air-lock of the low temperature room. The temperature of this air-lock, in which the so called " aging " of the mix took place, was said to be 40°F. After aging, the mix was frozen to a semi-solid consistency, and then measured into cups and cartons, etc., etc.

The whole of the equipment, according to the proprietor, was cleansed by means of hot water, and, in addition, he used a detergent, which proved on chemical examination to be a crude form of sodium carbonate. A boy was employed to insure an even distribution of the mixture as it passed over the cooler, and for this purpose he used a small brush.

On Monday, 6th September, samples of the various constituents and washings from utensils were taken for examination to the Municipal Laboratory, but gave negative results. A further sample of the ice cream mixture, however, gave a growth of non-lactose fermenting colonies on McConkey's medium. This culture was forwarded to the Ministry of Health Laboratory, where it was found to be indistinguishable from *Bacillus Typhosus.*

The persons who participated in the manufacture and handling of the ice cream were the proprietor himself, his wife, a boy who looked after the pasteuriser, two girls who did the packing, two girls who were employed in the sale of ice cream, in addition to working in the confectioner's shop, a domestic help, and three roundsmen.

On interrogation, I could obtain no history of sickness from any of the persons employed, except the proprietor himself, who gave a history of chronic asthma. His movements did, however, bring out a fact which may have had some connection with the condition, namely, that he frequently visited his parents at Bournemouth, where he had on occasions taken meals in restaurants and teashops, and that these visits covered the period of the Bournemouth outbreak of typhoid fever. He said he had not been inoculated, but when he added that he had been a clerk in the Air Force for a short period in 1917, enquiries were made of the Director of Medical Services of the Air Ministry, and ascertained that he received a protective dose of T.A.B. vaccine in July, 1917. There was also the question of whether he had at any time received any inoculations for his asthma, but as his medical practitioner had left the district, I was unable to obtain any information on this matter.

The proprietor, before discharge from the Isolation Hospital, recalled that he had some weeks previously suffered from an attack of diarrhœa lasting for a few days.

C. B., one of the girls engaged in packing the ice cream, informed us that her brother, who had recently been staying with them, had, at the beginning of the year, been landed in Gibraltar from a battleship on which he served as an able seaman, suffering from what was believed to have been gastric influenza. This matter was taken up with the naval authorities, and the diagnosis confirmed.

Samples of blood, fæces and urine were taken on 8th September from the proprietor and all those employed in his shop and factory, together with his three roundsmen. The results obtained on the following day were that the blood of the proprietor (T. W. T.) agglutinated *bacillus typhosus* (*H*) up to a titre of 1 in 250, *B. paratyphosus A.* to 1 in 50, and *B. paratyphosus B.* to 1 in 50, and that the blood of the girls (C. B.) agglutinated *B. paratyphosus B.* up to 1 in 125. On receipt of this information, I persuaded the proprietor and the girl (C. B.) to enter the Isolation Hospital for further investigation, and samples of their blood were sent to Dr. Scott at the Ministry of Health Laboratory on 8th September. The results obtained were that the blood of the proprietor (T. W. T.) agglutinated *bacillus typhosus* (*H.*) to close on 1 in 1,000, and *B. paratyphosus B.* to 1 in 120. Two days later two more samples of blood were sent to the Ministry of Health Laboratory, and on this occasion T. W. T.'s blood agglutinated *bacillus typhosus* up to 1 in 1,000, and *B. paratyphosus B.* to a little higher than 1 in 480; and C. B.'s blood agglutinated *bacillus typhosus* (*H.*) to 1 in 120 and *B. paratyphosus B.* to 1 in 80.

Numerous samples of urine and fæces were also sent to the Ministry of Health Laboratory, and on 20th September a growth of *B. paratyphosus B.* was obtained from T. W. T.'s urine, and also from C. B.'s fæces.

Between the dates of 28th August and 14th September twelve cases of *paratyphoid B. fever* were admitted to the Isolation Hospital. Seven of these cases were brought to my notice in response to a letter which was sent to the medical practitioners, drawing their attention to the possibility of an outbreak.

Although in one or two instances there were suspicious circumstances, in no single instance could I find that any of these patients had consumed ice cream which was definitely from the infected source.

It must, of course, be realised that in carrying out an investigation of this kind, great difficulty is experienced in getting the patients to recall the occasions on which they have consumed ice cream, and also from whom they have purchased it.

I have described this outbreak because of the number of bacteriological findings, which could not be accounted for by the existing knowledge regarding micro-organisms of the enteric group. The first and most extraordinary of these findings was the alarming fact that, with an interval of four days between the samples, the ice cream was found on two occasions and by two separate laboratories to be infected with *bacillus typhosus.*

It is often considered difficult to culture enteric organisms when one has to deal with a large quantity of ice cream, yet the only two samples taken during this investigation gave positive results. As far as I could ascertain, there were no cases of typhoid fever from the infected ice cream, notwithstanding the fact that the manufacturer distributed, as a retailer and wholesaler, between 30 and 40 gallons per day over a fairly wide area in the Borough of Southampton and surrounding districts.

The second point of interest was the agglutination reactions of the proprietor, who, although inoculated 20 years ago, gave an agglutination of 1 in 1,000 to *B. typhosus.* He was passing *B. paratyphosus B.* in his urine, yet his agglutination to this organism on the first occasion was 1 in 25, on the second occasion 1 in 120, which, later, rose to 1 in 480. As *bacillus typhosus* was never found in his urine or fæces, one would have expected his blood to have given a higher agglutination to *B. paratyphosus B.* than to *bacillus typhosus.*

The third point of interest related to the patient I. P., who, presumably, was infected on 8th August and showed symptoms on the 11th—an exceptionally short incubation period ; whereas Mrs. P. N., who presumably was infected on the same date, did not develop symptoms until the 24th.

There was one further matter of interest, and that was the fact that a sample of this manufacturer's ice cream taken in August, 1936, showed that the bacteriological count was 19,000 per c.c., B. coli absent in 1/100 per c.c. and present in 1/10 c.c., whereas the bacteriological counts taken during 1937 prior to this investigation were, on 21st July, 1,580,000, *B. coli* in 1/1,000 c.c., and on 31st August 9,600,000, and B. coli present in 1/1,000 c.c.

My thanks are due to Dr. Conybeare and Dr. Scott of the Ministry of Health for their valued assistance in this investigation.

Venereal Diseases.

VENEREAL DISEASES.

The year 1937 was the fifth year of the re-organised scheme for treatment of venereal diseases in the County Borough. The following table shows a comparison between the average number of new patients dealt with in the four preceding years and those dealt with during this year under review :—

	Average for 4 preceding years.	1937.
Syphilis	168	170
Soft chancre	11	28
Gonorrhœa	397	414
Non-venereal diseases	257	330
Total attendances	36,075	37,893

	1936.	1937.
Total New Cases	894	942

Out-patient treatment has been afforded at the Clinics in East Park Terrace, while patients, whose condition necessitated hospital treatment, have been transferred to appropriate wards in the Borough Hospital, Shirley Warren.

The progressive increase in numbers of cases attending for the first time and the total attendances for treatment indicate a realisation on the part of the general public of the dangers of neglect of venereal diseases and a growth in confidence of their cure. The national campaign for health has resulted in a pronounced increase in the number of individuals attending for examination to assure themselves of freedom from disease.

Of total new cases during 1937, the percentage of non-venereal ones has increased to 36, as compared with 29 in the year 1936. In Southampton, the incidence of venereal disease regarded in proportion to the population of the town gives a wrong impression of the prevalence of the disease amongst its residents.

A relatively large proportion of the patients treated, more particularly in the Male Clinic, occur in the floating population. The Clinics in a busy port such as Southampton must of necessity receive numerous patients who are in purely temporary residence. At the time of the Coronation many visitors to England and members of the crews of troopships received treatment at the Clinic. In normal times, the Southampton V.D. Clinics are called upon to deal with a number of cases who are either foreigners or residents of other districts of the country.

SOURCES OF PATIENTS.

As the result of the growing knowledge by the public of venereal diseases, larger percentages of patients attend of their own accord, yet in the year under review, 30% were recommended by private medical practitioners. All branches of the Public Health Services and Hospitals of the town have referred cases which were regarded as suspicious, or required treatment. The routine Wassermann Reaction carried out on all patients attending the Municipal Ante-Natal Clinics, resulted in the discovery of 4 cases of unsuspected latent syphilis. In all these cases, treatment immediately executed resulted in the birth of healthy infants. Each mother and child will continue under observation.

TYPES OF DISEASE.

ACUTE SYPHILIS showed a startling increase in the year 1937, there being 62 male cases, as compared with 36 in the previous year ; while the female cases were 6 and 1 respectively. Analysis of these cases shows that the male patients were in the main infected abroad, but a few cases contracted the disease locally and the increase in the number of female patients under this category is a direct result of routine investigation of contacts.

The total new cases of all classes of syphilis constituted 18%.

SOFT CHANCRE again showed a distinct increase, being 2.9% of the total new cases. These infections entirely originated in the Tropics.

Congenital Syphilis decreased from 30 new cases in 1936, compared with 17 in the current year.

Gonorrhœa with a percentage of 43 and a total of 414, was again the principal disease, infection originated mainly in Southampton and the South African and American ports.

Non-Venereal Diseases with 36% and a total of 330 showed a relative increase.

Ophthalmia Neonatorum there were 27 notifications of this condition during 1937, as compared with 38 during 1935 and 18 during 1936. It must be pointed out that, in the majority of these cases the diagnosis is not confirmed by bacteriological investigation.

Ophthalmia neonatorum is the manifestation of venereal disease which is amenable to prophylaxis. It is difficult to understand why so many cases should occur when the simple preventive measures are carried out at each birth. Each case notified has been investigated and the treatment of infected parents assured. The actual cases of the disease have been efficiently dealt with at the place of the child's birth and in necessity, at the Free Eye Hospital or the Southampton Borough Hospital.

Defaulters from Treatment.—A small minority of patients, for various reasons, neglect to complete the full course of treatment prescribed by the Medical Officers. The majority default in result of an apparent cure of their disease, in spite of the emphasis given in all clinics to patients of the necessity to cease attendance only on assurance, by a Medical Officer, of a definite permanent cure. A number of patients leave the district and apply for treatment elsewhere and neglect to give the requested notification.

By a routine supervision of case papers of all patients who should be in regular attendance for treatment, such default is discovered. A defaulter is notified by personal communication that it is in his interest to resume treatment and in failure of reply, further notifications are sent. Patients attending for the first time are warned of this routine procedure. The defaulter rate in 1937 fell by 3% as compared with that in 1936, but still constitutes some 8% of all cases attending.

TREATMENT.

The routine treatment of syphilis has been, in the main, unaltered from that of recent years. One innovation has been the intravenous administration of Sodium Iodide in Tertiary and Congenital cases. Given in this way the drug is found to be better tolerated and to give considerably quicker results than was the case with the formal oral administration.

In gonorrhœa there has been a wider use of vaccines which have been given intravenously with excellent results in the more persistent cases. The oral administration of Sulphanilamide, a preparation of recent discovery to which much publicity has been given, has been initiated on a large scale. It is too early to form a definite opinion as to its exact value in the routine treatment of gonorrhœa, but it may be said that some extremely gratifying results have been obtained, leading to the hope that the administration of this drug, or of one of its modifications, may in the future be relied upon to curtail the length of time required to effect a satisfactory cure of the disease.

During the year under review, vaginitis due to trichomonas has been recognised as a clinical entity, and its diagnosis and the control of the treatment by dark ground illumination examination of specimens, has begun.

Statistical Tables as required by the Ministry of Health, under the Public Health (Venereal Diseases) Regulations, are appended.

Return relating to all Persons who were treated at the Treatment Centres at East Park Terrace, Southampton, during the year ended 31st December, 1937.

	Syphilis.		Soft Chancre.		Gonorrhœa.		Conditions other than venereal.		Totals.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals.
1. Number of cases on 1st January under treatment or observation	226	147	1	...	306	44	22	19	555	210	765
2. Number of cases removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection	2	...	...	...	12	5	...	...	14	5	19
3. Number of cases dealt with for the first time during the year under report (exclusive of cases under Item 4) suffering from :—											
Syphilis, primary	49	2	...	...	...	...	...	...	49	2	51
,, secondary	9	4	...	...	...	...	...	...	9	4	13
,, latent in 1st year of infection ...	4	...	...	...	...	...	...	...	4	...	4
,, all later stages	63	22	...	...	...	...	...	...	63	22	85
,, congenital	9	8	...	...	...	...	...	...	9	8	17
Soft Chancre	...	...	26	2	...	...	...	...	26	2	28
Gonorrhœa, 1st year of infection	...	...	...	...	322	39	...	...	322	39	361
,, later	...	...	...	...	50	3	...	...	50	3	53
Conditions other than venereal	...	...	...	...	...	...	244	86	244	86	330
4. Number of cases dealt with for the first time during the year under report known to have received treatment for the same infection, or to have been under observation, at other Centres	32	6	...	...	75	2	...	2	107	10	117
Totals of Items 1, 2, 3, and 4 ...	394	189	27	2	765	93	266	107	1452	391	1843
5. Number of cases discharged after completion of treatment and final tests of cure or after diagnosis as non-venereal	35	11	4	2	164	14	194	84	397	111	508
6. Number of cases which ceased to attend before completion of treatment and were, on first attendance, suffering from :—											
Syphilis, primary	...	...	...	...	...	...	...	...	...	...	...
,, secondary	1	...	...	...	...	...	...	...	1	...	1
,, latent in 1st year of infection ...	...	3	...	...	...	...	...	...	...	3	3
,, all later stages	9	9	...	...	...	...	...	...	9	9	18
,, congenital	9	9	...	...	...	...	...	...	9	9	18
Soft Chancre	...	...	...	...	...	...	...	...	...	...	...
Gonorrhœa, 1st year of infection	...	...	...	...	36	5	...	...	36	5	41
,, later	...	...	...	...	2	...	...	...	2	...	2
7. Number of cases which ceased to attend after completion of treatment but before final tests of cure	4	14	...	...	38	12	...	...	42	26	68
8. Number of cases transferred to other centres or to institutions, or to care of private practitioners ...	109	13	19	...	202	14	16	6	346	33	379
9. Number of cases remaining under treatment or observation on 31st December	227	130	4		323	48	56	17	610	195	805

Southampton.—Continued.

	Syphilis.		Soft Chancre.		Gonorrhœa.		Conditions other than venereal.		Totals.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals.
10. Number of cases in the following stages of syphilis included in Item 6 which failed to complete one course of treatment :—											
Syphilis, primary	...	...	...	...	...	...	...	...	...	...	...
,, secondary	...	...	...	...	...	...	...	...	...	...	...
,, latent in 1st year of infection ...	...	...	...	...	...	...	...	...	...	...	...
,, all later stages	3	6	...	...	...	...	...	...	3	6	9
,, congenital	4	4	...	...	...	...	...	...	4	4	8
11. Number of attendances :—											
(*a*) for individual attention of the medical officers	4577	2362	93	15	7007	2179	359	288	12036	4844	16880
(*b*) for intermediate treatment, *e.g.*, irrigation, dressing	...	...	...	...	19653	1121	239	...	19892	1121	21013
Total attendances	4577	2362	93	15	26660	3300	598	288	31928	5965	37893
12. In-patients :—											
(*a*) Total number of persons admitted for treatment during the year...	45	9	6	...	30	8	...	6	81	23	104
(*b*) Aggregate number of "in-patient days" of treatment given	2128	590	91	...	794	310	...	344	3013	1244	4257

	Under 1 year.		1 and under 5 years.		5 and under 15 years.		15 years and over.		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
13. Number of cases of congenital syphilis in Item 3 above classified according to age periods	...	...	3	...	1	2	5	6	9	8

14. Chief preparations used in treatment of syphilis :—	Approved Arsenobenzene Compounds.	Others.	Mercury.	Bismuth.
(*a*) Names of preparations	Novostab, Neokharsivan, Stabilarsan, Sulphostab, Novarsenobillon.	Acetylarsan. Tryparsamide. Orasan.	Pil. Hydrarg c creta.	Bismostab. Quinostab.
(*b*) Total number of injections given (out-patients and in-patients)	2245	496	59	3146

Return relating to all Persons at the Treatment Centres at East Park Terrace, Southampton.—Continued.

15. PATHOLOGICAL WORK :—	Microscopical.		Cultural for Gonorrhœa.	Serum.		Cerebro-spinal fluid.	Others for diagnosis of Venereal Disease.
	For Syphilis.	For Gonorrhœa.		For Syphilis.	For Gonorrhœa.		Examinations for Trichomonis Vaginalis.
(*a*) Number of specimens examined at, and by the medical officer of the Treatment Centre ...	125	288	...	...	...	...	
(*b*) Number of specimens from patients attending at the Treatment Centre sent for examination to an approved laboratory	...	2128	...	1591	96	35	55

Statement showing the services rendered at the Treatment Centres during the year, classified according to the areas in which the patients resided.

Name of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales).	Southampton.	Hampshire.	Wiltshire.	London.	Sunderland.	Scotland.	Northumberl'd.	Liverpool.	Wales.	Durham.	Cornwall.	North Wales.	Somerset.	Kent.	Yorkshire.	Channel Is.	Derbyshire.	Birmingham.	Staffordshire.	Essex.	Totals carried forw'd.
A. Number of cases from each area included under the following headings in Item 3 :—																					
Syphilis	141	11	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	154
Soft Chancre	16	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	17
Gonorrhœa	307	43	...	14	...	8	...	4	4	1	2	...	...	...	1	...	...	1	...	3	388
Conditions other than venereal ...	269	24	...	2	1	5	...	5	...	...	...	1	...	...	2	...	...	...	2	2	313
Total	733	79	...	17	1	14	...	9	4	1	2	1	...	...	3	...	...	1	2	5	872
B. Total number of attendances of all patients residing in each area	33429	2591	27	270	21	206	1	196	28	3	135	1	13	60	97	5	1	36	14	64	37198
C. Aggregate number of " In-patient days " of all patients residing in each area ...	37	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	37

Statement showing the services rendered at the Treatment Centres during the year, classified according to the areas in which the patients resided.—*Continued.*

Name of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales).	Totals brought forw'd.	Lincolnshire.	Surrey.	Gloucestershire.	Bristol.	Devon.	Northampton.	Portsmouth.	Isle of Wight.	Sussex.	Cheshire.	Hertfordshire.	Dorset.	Newcastle.	Norfolk.	Basingstoke.	Nottingham.	India.	Foreign.	Totals.
A. Number of cases from each area included under the following headings in Item 3 :—																				
Syphilis	154	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12	4	170
Soft Chancre	17	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11	...	28
Gonorrhœa	388	...	1	1	1	1	...	3	2	...	1	1	...	...	1	...	...	7	7	414
Conditions other than venereal ...	313	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	11	4	330
Total	872	...	1	1	1	2	...	3	2	...	1	2	...	...	1	...	...	41	15	942
B. Total number of attendances of all patients residing in each area	37198	12	1	15	120	131	1	159	10	1	2	6	3	13	25	4	2	150	40	37893
C. Aggregate number of "In-patient days" of all patients residing in each area ...	37	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	37

PATHOLOGICAL EXAMINATIONS made in the Southampton Municipal Laboratory during the year ending 31st December, 1937.

Nature of Test.	Number of Tests in respect of patients under care of :—		
	Treatment Centres.	Hospitals and other Institutions.	Private Practitioners.
Microscopical—			
For detection of spirochetes	...	8	3
For detection of gonococci...	2128	...	101
Other tests for diagnosis or treatment of venereal disease :— Examinations for trichomonas vaginalis ...	55	...	...
Serum Tests—			
For Wassermann reaction...	1518	700	73
Other tests for syphilis ...	...	...	...
For gonococcal infection ...	96	6	8
Cerebro-Spinal Fluid Tests—			
Wassermann reaction ...	35	4	...
Cell count	35	4	...
Globulin	35	4	...
Colloidal	nil	nil	nil
Others	nil	nil	nil
Cultures	nil	nil	nil
Other Tests for diagnosis or treatment of venereal disease	nil	nil	nil
Totals ...			

Tuberculosis and Cancer.

TUBERCULOSIS.

MORTALITY.

The mortality from tuberculosis during the year 1937 was the same as in 1936, namely 146. The deaths from pulmonary tuberculosis totalled 127, a decrease of 4 compared with the previous year. The deaths from non-pulmonary tuberculosis increased from 15 to 19.

The mortality from pulmonary and non-pulmonary tuberculosis for the last five years is shown in the following table :—

Year.	Pulmonary.	Non-Pulmonary.	Total.
1933	159	26	185
1934	173	17	190
1935	148	13	161
1936	131	15	146
1937	127	19	146

The figure for the pulmonary deaths is the lowest ever recorded in the Borough.

The deaths from tuberculosis occurred in the following forms : pulmonary, 127 ; meningitis, 14 ; spine, 2 ; peritonitis, 1 ; cæcum, 1 ; miliary, 1.

This gives a death rate per 100,000 of the population from pulmonary tuberculosis of 71.0, and for non-pulmonary tuberculosis 10.6, and for all forms of tuberculosis 81.7.

The following are the comparative mortality figures during 1937 in Southampton and England and Wales per 100,000 of the population :—

	Southampton.			England and Wales.		
	Males.	Females.	Persons.	Males.	Females.	Persons.
Respiratory Tuberculosis	87.6	55.4	71.0	70.2	47.5	58.4
Other Tuberculosis	13.7	7.6	10.6	12.2	10.1	11.1

As in previous years, it is seen that the proportion of male to female deaths is higher in Southampton than in the rest of England and Wales. As the shipping industry absorbs a large percentage of male workers, it might reasonably be inferred that this has some influence on this increased mortality ratio.

In 1935 an investigation showed that the incidence of tuberculosis in seafarers was approximately twice as high as in the rest of the male population.

NOTIFICATIONS.

The number of primary notifications of tuberculosis received during the year was 312. In addition, 39 came to the notice of the Department other than by formal notification.

The following table shows the years in which those who died of pulmonary tuberculosis were notified :—

1937	28	1931	4
1936	29	1930	3
1935	11	1929	2
1934	11	1928	3
1933	10	Not notified ...	21
1932	5		
		Total ...	127

The Tuberculosis Department encourages notification in the earliest and most curable stage of the disease. It is quite wrong to delay notification until tubercle bacilli appear in the sputum.

DISPENSARY REGISTER.

On 31st December, 1937, there were 3,506 names on the Dispensary Register. One thousand seven hundred and thirty-five were of definitely tuberculous patients, and 1,771 were of those under observation, or in whom the diagnosis had not been completed.

The following table shows the distribution of these :—

	Adults.		Children.	
	M.	F.	M.	F.
Number of cases on Dispensary Register on 31st December :—				
Definitely Tuberculous ...	633	653	241	208
Diagnosis not completed ...	522	604	336	315

SUMMARY OF NOTIFICATIONS RECEIVED UNDER THE PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930, DURING THE YEAR.

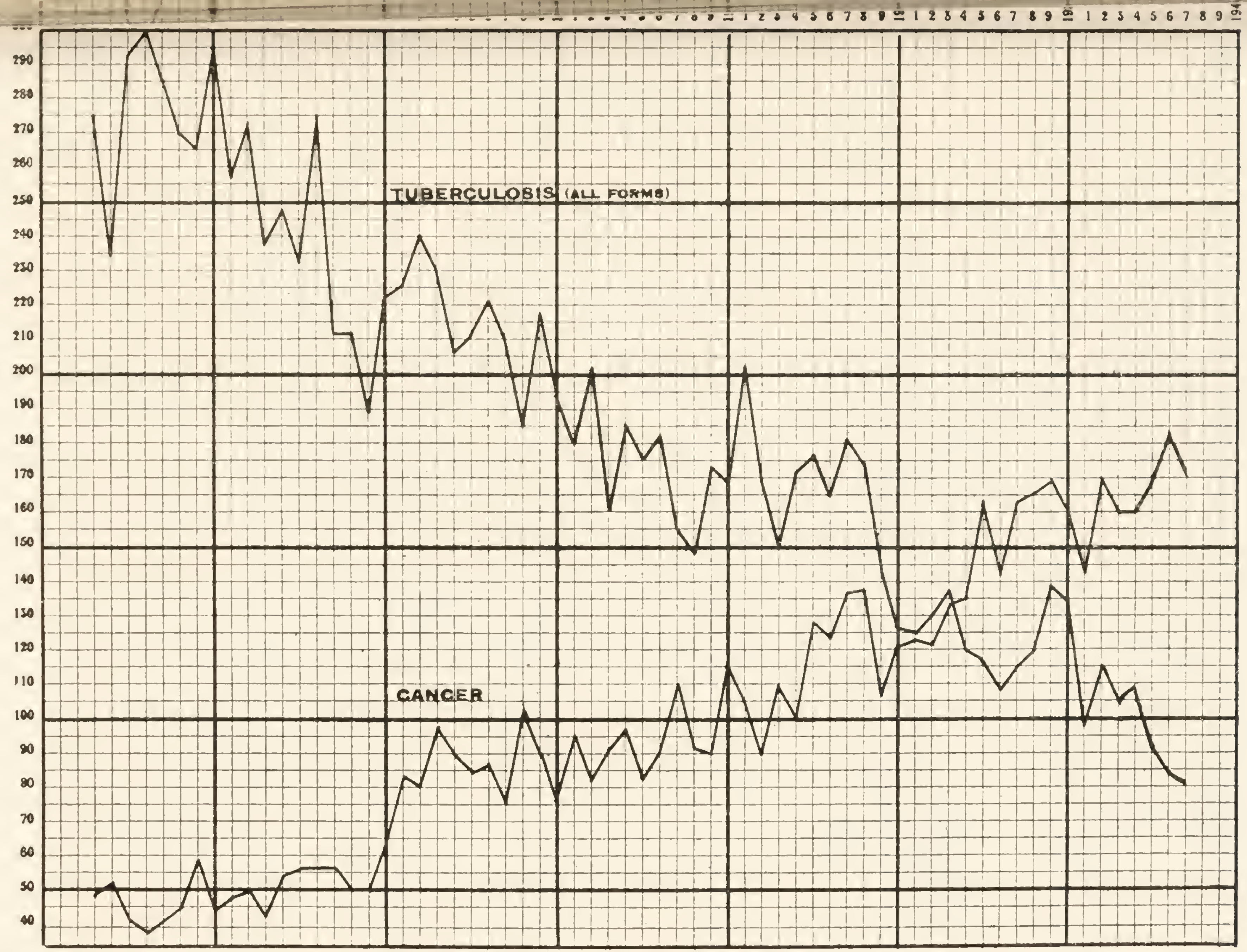
Total Notifications	346
Notification of admission to Hospital	380
Ditto discharged	388
	1,114

The localisation of the disease of the notified cases was :—

Lungs	310	Spine	4
Meninges	7	Glands of Neck	3
Peritoneum	1	Other Organs	12
Hip	2		

On 31st December, 1937, there were 457 sputum positive cases on the register. They were recognised as suffering from tuberculosis in the following years :—

Previous to 1927	14	1933	36
1927	7	1934	87
1928	11	1935	69
1929	7	1936	76
1930	16	1937	86
1931	17		
1932	31		457



DEATHS PER 100,000 OF THE POPULATION FROM TUBERCULOSIS AND CANCER

IN SOUTHAMPTON 1873 TO 1937

(Ministry of Health, Form T. 137.)

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

Part 1.—Summary of Notifications during the Period from the **1st January, 1937,** to the **31st December, 1937,** in the **Area** of the **County Borough of Southampton.**

Age Periods.	Formal Notifications.												
	Number of Primary Notifications of new cases of Tuberculosis.												Total Notifications (including duplicates).
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 & up-w'rds	Total (all ages)	
Pulmonary—													
Males ...	—	5	15	20	15	12	25	25	24	16	4	161	175
Females ...	—	2	24	19	14	22	28	14	8	2	—	133	137
Non-Pulmonary—													
Males ...	1	1	6	4	1	1	1	1	—	—	—	16	17
Females ...	1	—	3	2	3	1	3	—	2	—	—	15	17

SUPPLEMENTAL RETURN.

Part II.—New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification.

Age Periods.	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 & up-w'rds	Total cases.
Pulmonary—												
Males... ...	—	—	—	3	1	2	3	4	4	2	3	22
Females ...	—	—	—	1	1	4	2	4	2	2	1	17
Non-Pulmonary—												
Males... ...	—	2	2	1	1	—	1	1	1	3	1	13
Females ...	1	—	—	—	1	1	—	—	1	—	—	4

SUPPLEMENTAL RETURN—Continued.

The source or sources from which information as to the above-mentioned cases was obtained are stated below:—

Source of Information.	No. of Cases.	
	Pulmonary.	Non-Pulmonary.
Death Returns from Local Registrars	20	15
Ditto Transferable Deaths from Registrar General	2	—
Posthumous Notifications	—	—
"Transfers" from other Areas (other than transferable deaths)	17	2
Other Sources	—	—

NOTIFICATION REGISTER.

Part III.

	Pulmonary.			Non-Pulmonary.			Total Cases.
	Males.	Females.	Total.	Males.	Females.	Total.	
Number of Cases of Tuberculosis remaining at the 31st December, 1937, on the Register of Notifications kept by the Medical Officer of Health	1065	989	2054	180	155	335	2389
Number of Cases *removed* from the Register during the year by reason of :—							
1.—Withdrawal of Notification	—	—	—	—	—	—	—
2.—Recovery from the Disease	3	4	7	—	—	—	7
3.—Death	77	50	127	13	7	20	147
4.—Transferred to other areas, lost sight of ...	17	14	31	—	—	—	31

THE TUBERCULOSIS DISPENSARIES.

The Clinical Tuberculosis Officer conducts the work of the two Dispensaries. These are situated at 1 East Park Terrace, and Sydney House, Bitterne. At Sydney House two sessions are held weekly, one on Monday evening and the other on Thursday morning. Sessions are held at East Park Terrace on Monday, Tuesday, Wednesday, and Friday mornings, and Thursday evenings. The evening sessions are intended mainly for those whose work prevents their attendance in the day time. Tuesday morning is devoted to the examination of children, and in order to reduce the risk of infection to a minimum, the department is disinfected on Monday evening by means of formalin.

A brief summary of the Dispensary work is shown in the following table :—

Dispensary.	New Patients.	Contacts.	Others.	Total.
East Park Terrace...	709	360	7632	8701
Sydney House ...	160	133	2652	2945
Total ...	869	493	10284	11646

HEALTH VISITORS.

Fourteen Health Visitors are attached to the Municipal Clinics. The Tuberculosis Department shares with the other branches of the Public Health Department the services of these nurses. For obvious reasons, this is a better scheme than allocating one or two nurses for this particular branch of work.

Each week approximately ten notified cases are given to the eleven District Health Visitors. In the case of newly notified patients, a detailed environmental form is completed. Important information is thus obtained on points relating to the prevention of the spread of tuberculosis in the houses of notified cases, and the Health Visitor is an invaluable asset in keeping the department in personal touch with its patients.

During the year only one complaint was made to the Tuberculosis Officer concerning the work of Visitors. This is conclusive proof of their tact and ability in dealing with a disease about which many patients are somewhat reticent or evasive. The facts of this complaint are worth recording. A Health Visitor during a visit to a school noticed a certain child looking ill. She was aware that this child attended the Dispensary as a contact of its father, who had in the past suffered from tuberculosis, and reported her observations to the department. As this child had not attended recently, an appointment was made. Instead of the child, an angry father attended. He threatened to lodge an official complaint with various officials concerning the work of the Nurse, who in his opinion had been gossiping with neighbours, and assured the Tuberculosis Officer his child had never been in better health. Unfortunately the child died a few weeks later from tuberculosis.

During the year Health Visitors paid 6,657 visits to homes for dispensary purposes.

TUBERCULOSIS.

NEW CASES AND MORTALITY, 1937.

Including cases coming to the knowledge of the Medical Officer of Health during the year.

(Inserted by request of the Ministry of Health.)

Age Period.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1	...	...	1	2	...	...	1	2
1—5	5	2	3	...	...	...	2	...
5—10	15	24	8	3	...	...	2	1
10—15	23	20	5	2	...	...	1	1
15—20	16	15	2	4	3	5	...	1
20—25	14	26	1	2	1	10	...	1
25—35	28	30	2	3	19	10	1	...
35—45	29	18	2	...	16	11	1	...
45—55	28	10	1	3	16	8	1	1
55—65	18	4	3	...	14	6	2	...
65 and up'ds.	7	1	1	...	7	1	1	...
Totals	183	150	29	19	76	51	12	7

TUBERCULOSIS.

TABLE showing cases, case-rates, deaths, and death-rates per 1,000 of the population from Pulmonary and Non-Pulmonary Tuberculosis in Municipal Wards during the year 1937.

WARD.	CASES.						DEATHS.					
	Pulmonary.		Non-Pulmonary.		Total.		Pulmonary.		Non-Pulmonary.		Total.	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
1. Town ...	20	2.16	...	...	20	2.16	10	1.08	2	0.21	12	1.29
2. St. Mary's ...	20	2.06	1	0.10	21	2.16	11	1.13	...	...	11	1.13
3. Northam ...	12	1.32	1	0.11	13	1.43	9	0.99	2	0.33	12	1.32
4. Trinity ...	12	1.63	2	0.27	14	1.90	6	0.81	2	0.27	8	1.08
5. Newtown ...	9	1.16	2	0.26	11	1.42	4	0.51	...	...	4	0.51
6. All Saints ...	14	1.81	3	0.39	17	2.20	3	0.39	2	0.26	5	0.65
7. Bevois ...	12	1.65	...	...	12	1.65	5	0.69	...	...	5	0.69
8. Banister ...	8	0.90	1	0.11	9	1.01	7	0.79	...	...	7	0.79
9. Freemantle ...	12	1.72	2	0.29	14	2.01	7	1.01	...	...	7	1.01
10. Millbrook ...	27	1.92	1	0.07	28	1.99	11	0.78	1	0.07	12	0.85
11. Shirley ...	29	1.49	4	0.20	33	1.69	9	0.46	2	0.10	11	0.56
12. Portswood ...	17	1.45	1	0.08	18	1.53	9	0.77	1	0.08	10	0.85
13. St. Denys ...	10	1.01	...	...	10	1.01	6	0.61	2	0.20	8	0.81
14. Bitterne and Pear Tree ...	23	1.91	5	0.41	28	2.32	7	0.58	3	0.25	10	0.83
15. Bitterne and Sholing ...	24	1.65	4	0.27	28	1.98	9	0.62	1	0.07	10	0.69
16. Woolston ...	19	2.37	1	0.12	20	2.49	5	0.62	...	...	5	0.62
17. St. Nicholas ...	26	1.69	3	0.18	29	1.87	9	0.54	...	...	9	0.54
Borough ...	294	1.64	31	0.17	325	1.81	127	0.71	19	0.11	146	0.82

TUBERCULOSIS.

Average case-rates and death-rates per 1,000 of the population from Tuberculosis in Municipal Wards during the ten years 1928—1937.

Ward.	Case-Rate.			Death Rate.		
	Pulmonary.	Non-Pulmonary.	Total.	Pulmonary.	Non-Pulmonary.	Total.
1. Town	3.29	0.25	3.54	1.80	0.17	1.97
2. St. Mary's	2.09	0.27	2.36	1.07	0.10	1.17
3. Northam	2.80	0.39	2.69	1.07	0.12	1.19
4. Trinity	2.23	0.36	2.59	1.11	0.22	1.33
5. Newtown	1.90	0.20	2.10	0.77	0.08	0.85
6. All Saints	2.04	0.26	2.30	0.77	0.14	0.91
7. Bevois	1.84	0.16	2.00	1.01	0.09	1.10
8. Banister	1.20	0.10	1.30	0.57	0.04	0.61
9. Freemantle	2.10	0.19	2.29	1.02	0.21	1.23
10. Millbrook	2.15	0.21	2.36	0.88	0.16	1.04
11. Shirley	1.94	0.15	2.09	0.87	0.07	0.94
12. Portswood	1.47	0.12	1.59	0.69	0.05	0.74
13. St. Denys	1.73	0.17	1.90	0.87	0.12	0.99
14. Bitterne & Pear Tree	2.11	0.23	2.34	0.92	0.09	1.01
15. Bitterne & Sholing ...	1.82	0.35	2.17	0.84	0.18	1.02
16. Woolston	2.01	0.22	2.23	1.08	0.11	1.19
17. St. Nicholas	2.33	0.23	2.56	0.89	0.21	1.10
Borough	2.04	0.22	2.26	0.94	0.13	1.07

NEW PATIENTS.

New patients are seen at any time at both Dispensaries. During the year 869 were examined, which is an increase of 147 on the year 1936.

This number was made up as follows :—Males, 311 ; females, 290 ; boys, 148 ; girls, 120.

About 95% were referred to the department by medical practitioners.

A new case is examined systematically. The various parts of the body as well as the chest are examined clinically. An appointment for an X-Ray examination is then made, and arrangements for a sputum examination. At the conclusion of the investigation a report is sent to the patient's medical practitioner, stating the diagnosis when possible, and suggesting disposal or treatment. In a few cases it is impossible to arrive at a diagnosis at the Dispensary, and the patient is then asked to come into the Borough Hospital or Sanatorium for further investigation.

The following table shows the result of the investigation of the new cases :—

Number Examined.	Definitely Tuberculous.	Non-Tuberculous.	Doubtful.
869	292	211	366

CONTACTS.

The examination of contacts is perhaps one of the most important branches of the work of a Tuberculosis Department. By a systematic examination of contacts, the primary source of tuberculosis is often found when a case is referred from a household. Also other early cases are found where there has been no suspicion of tuberculosis, at least, not sufficient to prompt the sufferer to seek medical advice. It is, therefore, obvious that it is of prime importance to admit these early cases to a Sanatorium, thereby reducing the chances of the patient developing a long and tedious illness, which more often than not ends in death.

The contacts examined are drawn from the homes of notified cases. Also, when a death has occurred, the occupants of the deceased's household are asked to be examined. Although a letter is sent out with each appointment explaining briefly the value of contact examination, no pressure is used to get contacts to attend the Dispensary.

The number of contacts examined during the year was 493. Although this number is less than that for 1936, which was 566, the actual ratio of contacts examined to cases notified is higher. In 1936 the ratio was 1.3. In 1937 it was 1.4.

The following table shows the work and result of contact examination :—

	Number Examined.	Definitely Tuberculous.	Non-Tuberculous.	Doubtful.
Males	120	5	68	47
Females	165	2	88	75
Boys	95	6	31	58
Girls	113	10	43	60
Totals	493	23	230	240

It is gratifying to see the large proportion of adults who submit themselves for examination as contacts, because it is in this section that unsuspected cases of sputum positive tuberculosis are likely to be found.

DOMICILIARY VISITS.

The Clinical Tuberculosis Officer visited 101 patients in their homes during the year. Visits were only made at the request of the patient's doctor, and generally in consultation with him.

It is the policy of the Clinical Tuberculosis Officer not to visit patients except in a consultative capacity for a medical opinion. It is taken for granted that the information essential to the department concerning the patient's environment can be obtained equally as well by Health Visitors, who are specially trained in this work.

SPUTA EXAMINATIONS.

The sputum of new patients and contacts is always examined, when any is available. Also in old patients from time to time, in order to determine the progress of the disease. Even in undoubtedly active cases of pulmonary tuberculosis, it is occasionally necessary to examine the sputum on more than one occasion before tubercle bacilli can be found. The Lowenstein-Jensen method of cultivation has been found useful in many cases. Eight hundred and forty-five specimens of sputa were examined during the year. The number of sputum positive cases on the register at the end of 1937 was 457, against 445 in 1936.

RADIOGRAPHIC EXAMINATIONS.

The number of examinations made in connection with Dispensary work was 2,020. Skiagrams are taken as a routine of all new patients, except infants under 12 months of age, and many contacts. Serial skiagrams are taken of most patients. These films provide a permanent graphic record of a patient's progress, and are valuable in assessing a patient's prognosis. The scope of the work of the department includes chest, spinal columns, bones, joints and kidneys. Since the opening of the new Pavilion, in June, all radiographic work has been done there. Before, it was done at the Borough Hospital. The Sanatorium shares with the Borough Hospital the services of a trained Sister-Radiographer, who produces most excellent skiagrams. She attends the Sanatorium on Tuesdays and Fridays all day, and Wednesday afternoons. This latter session was included for the benefit of patients who take their half-day on Wednesdays, and also for the contacts of sanatorium patients, in order that if a skiagram is indicated it can be taken at the same time as the patient is visited. Skiagrams are interpreted by the Clinical Tuberculosis Officer on Tuesday and Friday afternoons, at 4 o'clock.

AFTER-CARE.

Patients on discharge from the Sanatorium are requested to attend the Dispensary. Insured patients are referred to their own doctors, but are asked to attend periodically for the purpose of keeping records up to date. Dependants and non-insured patients are treated at the Dispensary, if their means are too scanty to allow of sufficient medical attention being given elsewhere. Patients on special treatment are seen at the Dispensary in accordance with a Memorandum of the Ministry of Health. In the case of insured patients too ill to attend the Dispensary, quarterly reports are furnished by their medical practitioners. In 1937, 60 reports were received.

EXTRA NOURISHMENT.

The treatment of tuberculosis necessitates a long period of inactivity, and consequently the richer man will do better than the poorer one, other things being equal, because he can afford more nourishing food. In poverty the most essential articles of diet are the first to be reduced, and a vicious circle is produced. In order to assist these poorer people, the Clinical Tuberculosis Officer can recommend a supply of nourishment. In most cases this takes the form of two pints of milk daily, and one pound of butter weekly. About 50 patients are in receipt of this. This scheme applies chiefly to wage earners, and to those likely to improve, but to this rule occasionally an exception is made. Patients in receipt of Public Assistance can receive extra nourishment from this source on production of a medical certificate.

RE-HOUSING OF INFECTIOUS CASES.

During the year in a few cases, where unsatisfactory conditions of housing were brought to the notice of the department, action was taken. It is hoped to report for 1938 that a re-housing scheme is actually in operation, as some 48 houses are about to be built on land adjoining the Sanatorium. Slums and overcrowding are the main factors in the spread of tuberculosis, and a great decrease in the incidence and mortality of this disease will occur when slums cease to exist.

CHILDHOOD TUBERCULOSIS.

The examination of children for evidence of tuberculosis has proceeded unceasingly throughout the year. Although the mortality from tuberculosis in children is very low, the morbidity is high, and many vague signs of ill-health can be ascribed to tuberculosis. The mortality of adolescent tuberculosis is high. By close examination of the past history of adolescents suffering from pulmonary tuberculosis, and careful watching of infected children approaching adolescence, it is possible in many cases to trace the insidious development of the disease. Furthermore, an infected child grows up with the " Dispensary habit " installed in it, which, contrary to the opinion of many, does not lead to a state of neurasthenia. Again, a child is kept under observation during those rather critical years between leaving school and its membership to an approved society at the age of 16. Parents are instructed in the symptoms for which to look, and advised to seek medical advice at the earliest indication of any sort of ill-health. It is surprising in this enlightened age, when expert opinion on matters relating to health can be obtained free of cost, that parents and others still delude themselves that they know exactly the significance of a cough or pain in the chest. If only I knew what was the matter with him I should know what to do is heard too often, and, in connection with tuberculosis, a few adolescent lives are lost annually because parents have been guided in the treatment of their offsprings by instinct or false information gleaned from pernicious advertising of patent medicines either in newspapers or from foreign broadcasting stations. Although the primary object of the department's scheme in examining children is to look for the development of tuberculosis, an equally important result is obtained if the Tuberculosis Department is regarded by the rising generation as a place where good health can almost always be promised, rather than as in the past, a place to which people were reluctant to come, for the reason that very few cases were early enough for a good prognosis to be given.

Tuberculous children showing toxæmia are treated at a Sanatorium school. The Mantoux test is a very delicate one for detecting a tuberculous infection, and is employed as a routine on all children, except where there has been close contact with a sputum positive case in whom the result is almost invariably positive.

The following table shows the work on children during the year :—

	Definitely Tuberculous.	Non-Tuberculous.	Observation.
New Cases—			
Boys	42	39	67
Girls	36	31	53
Contacts—			
Boys	6	31	58
Girls	10	43	60
Total Number on Register—			
Boys	241	—	336
Girls	208	—	315

The greater part of the work on Tuesday morning is devoted to children, and the close co-operation of School Medical Officers and medical practitioners is very encouraging.

DENTAL TREATMENT.

The services of the Dental Clinic are placed at the disposal of patients attending the Dispensary. This, of course, applies only to non-insured patients.

A Dental Surgeon visits the Sanatorium every other Saturday morning throughout the year.

INSTITUTIONAL TREATMENT.

The institutions provided for the treatment of adults are :—

Borough Sanatorium	42 male beds. 50 female beds.
Borough Hospital	31 male beds. 14 female beds.

For the treatment of children, the Council provide places in :—

Berks and Bucks Sanatorium School, Peppard Common	25 beds.
East Anglian Sanatorium School, Nayland.	As required.

Lord Mayor Treloar's Cripples' Hospital, Alton, for orthopædic cases.

The following institutions receive occasional patients from the Borough, the expense being wholly or largely borne by the Council :

Royal Sea-bathing Hospital, Margate.

Papworth Village Settlement, Papworth.

Royal Orthopædic Hospital, Brockley Hill, Middlesex.

The following table shows the number of patients in the various institutions on 1st January, 1937, those admitted and discharged, those who died, and the number on 31st December, 1937 :—

Institution.	No. on 1st Jan., 1937.	Admitted.	Discharged.	Died.	No. on 31st Dec., 1937.
Borough Sanatorium	53	205	165	7	86
Borough Hospital ...	31	176	126	51	30
East Anglian Sanatorium School ...	40	6	34	...	12
Berks and Bucks Sanatorium School	24	49	48	...	25
Papworth	2	1	...	...	3
Suntrap Sanatorium School	1	...	1	...	...
Royal Sea-bathing Hospital, Margate	1	...	1	...	...
Royal Orthopædic Hospital ...	1	...	1	...	...
Alton Institution ...	13	8	8	...	13
Totals ...	166	445	384	58	169

A new pavilion at the Sanatorium was opened on 10th June, 1937, by Sir Arthur MacNalty, K.C.B. This building, designed on most up-to-date lines, fills a long-felt want in Southampton, and long waiting lists are now a thing of the past.

The pavilion is of the bungalow type, and accommodates 44 patients, 22 of each sex. At each end there is an eight-bedded ward, intended for those who are up most of the day. A central combined kitchen and duty room serves both wings.

Attached to the pavilion is an operating room, X-Ray room and apparatus, dental and consulting room, and various service rooms for their efficient working. There are also two sanitary wings, each containing four wash basins, three water closets and bath, service room, housemaid's closet and dirty linen receptacle.

The whole of the wards, which face south, front on to verandahs. The wards are separated from the service corridors at the rear by screen walls to the height of the door, leaving an open space above, which provides light for the back of the wards, and a through current of air.

The building is centrally heated from the basement by means of ceiling panels, and hot water is supplied to all lavatory basins and sinks. Artificial lighting is by electricity.

In the Sanatorium the therapeutic side of tuberculosis is up to date.

In spite of various special methods of treatment, the oldest established one of rest is still the most important, and cannot be substituted by the more recent operative procedures. A combination of the two gives the best results.

The purpose of all operative measures is to prevent or reduce the movement of the affected lung on respiration. In the case of a bone or joint, this is comparatively easy by merely applying a splint. As the lung expands and contracts 20 to 30 times a minute, the value of reducing its movement is clearly manifest. Of the various methods of attaining this end, the best is by the introduction of air between the chest wall and lung, called artificial pneumothorax. At the conclusion of the treatment the lung is allowed to expand, and is none the worse for its rest. Furthermore, the disease in the lung has had a chance of healing. Nowadays artificial pneumothorax is done more frequently. It used to be contra-indicated where there was disease in the larynx and other lung. Recently it has been found that by collapsing the more affected lung, infection is reduced and laryngeal lesions, which formerly were very fatal, show partial or complete healing.

The following table shows a summary of the work done by artificial pneumothorax :—

Patients receiving treatment on 1st January, 1937	28
Successful inductions during the year	18
Unsuccessful inductions during the year, owing to pleural adhesions	4
Refills	1050
Patients who left the area	3
Patients who died	1
Patients in whom the treatment was suspended because they were cured, or maximum benefit had been obtained	3
Patients receiving treatment on 31st December, 1937	39

The chief muscle responsible for the movement of a lung is the diaphragm, which is supplied by the phrenic nerve. Where it is necessary to reduce the movements of a lung, and artificial pneumothorax is impossible, it is justifiable to divide the phrenic nerve, thereby paralysing the diaphragm below the affected lung. One patient was subjected to this during the year, and has derived considerable benefit.

Thoracoplasty or removing the ribs of one side of the chest is a severe operation, and is done when all else fails to heal the disease. No patient had this operation during the year.

Pleural effusions brought about by tuberculosis of the pleura have in many cases been aspirated, and the fluid replaced by air. This has been done when the case suggested that artificial pneumothorax was indicated. The patient has then carried on with refills in the ordinary way. This is a beneficial operation, because, if fluid is allowed to absorb itself, adhesions between the pleural layers prevent any subsequent collapse if the occasion arises for its use. Tuberculous empyemata are treated by air replacement.

The medicinal treatment of tuberculosis has not been neglected. Gold salts have been increasingly used, and as a routine a double salt of calcium with Vitamin D has been employed. It is believed from the evidence of serial skiagrams that this preparation has caused a definite acceleration in the process of healing. Concentrated preparations of vitamins have been given as a routine.

The Clinical Tuberculosis Officer visits the wards of the Sanatorium twice weekly. The Assistant Tuberculosis Officer sees each patient every day, and renders valuable assistance in the work of the Sanatorium and Dispensary.

General Observations.

The increased work of the tuberculosis department shown since 1933 was maintained in 1937. Total attendances at the Dispensaries rose from 11,499 in 1936 to 11,646 in 1937.

Consultations with medical practitioners rose from 839 in 1936 to 1,211 in 1937. This shows that increasing confidence is being placed in the department.

A table prepared by the Ministry of Health showed that the work in Southampton was greatly in excess of the average for the County Boroughs of the rest of England and Wales.

The mortality figure of 1936 for pulmonary tuberculosis, which was a record for the Borough, was again lowered in 1937.

This year the male pulmonary mortality has not been so high as in previous years. If this means that there is less tuberculosis on ships, it points to a favourable outlook in the future.

The year's work has been characterised by a spirit of co-operation and friendliness between all connected with the department, and with those who make use of its services, and it is earnestly hoped that this happy state of affairs will continue.

Silicosis and Asbestosis (*Medical Arrangements*) *Scheme,* 1931.

Under the above Scheme, which was issued by the Home Office, every employer engaged in an industry or process included in the First Schedule to the Scheme is required to arrange for the initial examination of any workman engaged by him within two months of his commencing to be employed in the industry or process, and any workman found at such examination to be suffering from tuberculosis or otherwise failing to reach the standard of health and physique prescribed must be suspended from employment in the industry or process.

The Clinical Tuberculosis Officer is authorised by the Council to carry out the initial examinations of workmen engaged in the industry, for which the Home Office pay a fee of 6/– for each examination to the Local Authority.

Public Health (*Prevention of Tuberculosis*) *Regulations,* 1925.

These Regulations give local authorities power to require tuberculous employees, who are in an infectious state, engaged in the milk trade, to discontinue their employment or occupation.

It was not found necessary to take any action under these Regulations during the year.

Public Health Act, 1936—*Section* 172.

This section gives power to local authorities to enforce any person suffering from tuberculosis of the respiratory tract, who is in an infectious state, without proper lodging or accommodation, and who is a serious risk of infection to other persons, to be removed to a suitable hospital or institution.

No action was taken under this section during the year.

Classification.

For statistical purposes, cases are divided up according to the classification suggested by the Ministry of Health :—

I. All patients are grouped according to age and sex, those under the age of 15 being classed as children.

II. Classification as to whether the disease is pulmonary or non-pulmonary.

III. Patients suffering from pulmonary tuberculosis are divided into :—

Class T.B. minus.—Those in whom tubercle bacilli have not been found in the sputum.

Class T.B. plus.—Those in whom tubercle bacilli have been found in the sputum.

This latter class is again further sub-divided into :—

Group 1. Cases with slight constitutional disturbance and with the disease limited to the apex of one lobe only.

Group 3. Cases with profound systemic disturbance with marked impairment of function, and with little chance of recovery.

Group 2. All cases which cannot be included in the above groups.

IV. Patients suffering from non-pulmonary tuberculosis are classified according to the site of lesion.

The tables given are those suggested by the Ministry of Health, and adopted for the sake of uniformity throughout the Service.

The results of treatment are described by the following terms :—

Quiescent.—Cases which have no signs or symptoms of former disease.

Arrested.—Cases which have been quiescent for at least two years.

Cured.—Cases in which the disease has been arrested for three years.

Improved.—Cases where the general condition is better.

No material improvement.—All other patients who are alive.

The following Tables are prepared in the form prescribed by the Ministry of Health. They show the work carried out at the Dispensaries, and a record of patients admitted to and the results of treatment of patients discharged from the Borough Sanatorium and Hospital during the year 1937.

TUBERCULOSIS SCHEME.

(Ministry of Health, Form T. 145).

(A) Return showing the work of the Dispensary (or Dispensaries) during the year 1937.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				GRAND TOTAL.
	Adults.		Children.		Adults.		Children.		Adults.		Children.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A.—NEW CASES examined during the year (excluding contacts):—													
(*a*) Definitely Tuberculous	119	88	36	33	4	3	6	3	123	91	42	36	292
(*b*) Diagnosis not completed	—	—	—	—	—	—	—	—	132	114	67	53	366
(*c*) Non-Tuberculous	—	—	—	—	—	—	—	—	56	85	39	31	211
													869
B.—Contacts examined during the year:—													
(*a*) Definitely Tuberculous	5	2	6	10	—	—	—	—	5	2	6	10	23
(*b*) Diagnosis not completed	—	—	—	—	—	—	—	—	47	75	58	60	240
(*c*) Non-Tuberculous	—	—	—	—	—	—	—	—	68	88	31	43	230
													493
C.—CASES written off the Dispensary Register as:—													
(*a*) Recovered	3	4	—	—	—	—	—	—	3	4	—	—	7
(*b*) Non-Tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as Tuberculous)	—	—	—	—	—	—	—	—	153	236	113	106	608
													615
D.—NUMBER OF CASES on Dispensary Register on December 31st:—													
(*a*) Definitely Tuberculous	588	617	204	177	45	36	37	31	633	653	241	208	1735
(*b*) Diagnosis not completed	—	—	—	—	—	—	—	—	522	604	336	315	1771
													3506

TUBERCULOSIS SCHEME.—Continued.

(**A**) Return showing the work of the Dispensary (or Dispensaries) during the year 1937.—Continued.

1. Number of cases on Dispensary Register on January 1st	2888	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	19
3. Number of cases transferred to other areas, cases not desiring further assistance under the Scheme, and cases "lost sight of" ...	31	4. Cases written off during the year as Dead (all causes)	117
5. Number of attendances at the Dispensary (including contacts)	11,646	6. Number of Insured Persons under Domiciliary Treatment on the 31st December ...	15
7. Number of consultations with medical practitioners:— (*a*) Personal... ... ... (*b*) Other	 107 1,104	8. Number of visits by Tuberculosis Officers to Homes (including personal consultations)	101
9. Number of visits by Nurses or Health Visitors to Homes for Dispensary Purposes	6,657	10. Number of— (*a*) Specimens of sputum, &c., examined (*b*) X-ray examinations made ... ... in connexion with Dispensary work	 845 2,020
11. Number of "Recovered" cases restored to Dispensary Register, and included in A (*a*) and A (*b*) on previous page	10	12. Number of "T.B. plus" cases on Dispensary Register on December 31st	457

(B) Number of Dispensaries for the treatment of Tuberculosis (excluding centres used only for special forms of treatment).

Provided by the Council 2
Provided by Voluntary Bodies ... ... Nil.

TUBERCULOSIS SCHEME.—Continued.

(C) Number of Beds available for the treatment of Tuberculosis on the 31st December in Institutions belonging to or provided by the Council.

Name of Institution.	For Pulmonary Cases.		For Non-Pulmonary Cases.		Total.
	Adults.	Children under 15.	Adults.	Children under 15.	
Southampton County Borough Sanatorium	92	—	—	—	92
Southampton Borough Hospital	45	—	—	—	45
Berks and Bucks Joint Sanatorium, Peppard Common ...	—	25	—	—	25
East Anglian Sanatorium, Nayland, Colchester	—	As required	—	—	—
Lord Mayor Treloar Cripples Hospital, Alton	—	—	—	As required	—
Papworth Colony, Cambridge	As required	—	As required	—	—
Royal National Orthopædic Hospital	—	—	As required	—	—

(D) Return showing the extent of Residential Treatment and Observation in the Borough Sanatorium, the Borough Hospital and other Institutions for which the County Borough Council have an arrangement.

		In Institutions on Jan. 1st. (1)	Admitted during the year. (2)	Discharged during the year. (3)	Died in the Institutions. (4)	In Institutions on Dec. 31st. (5)
Number of doubtfully Tuberculous Cases admitted for observation.	Adult Males ...	3	15	11	4	3
	Adult Females...	4	7	10	0	1
	Children ...	1	10	10	1	0
	Total ...	8	32	31	5	4
Number of Patients suffering from Pulmonary Tuberculosis.	Adult Males ...	34	189	132	30	61
	Adult Females...	39	135	112	17	45
	Children ...	64	31	63	—	32
	Total ...	137	355	307	47	138
Number of Patients suffering from non-Pulmonary Tuberculosis.	Adult Males ...	5	10	8	3	4
	Adult Females...	—	6	3	—	3
	Children ...	16	42	35	3	20
	Total ...	21	58	46	6	27
Grand Total		166	445	384	58	169

TUBERCULOSIS SCHEME.—Continued.

(F) Return showing the results of observation of doubtfully Tuberculous cases discharged during the year from the Borough Sanatorium.

Diagnosis on discharge from observation.	For Pulmonary Tuberculosis.						For Non-Pulmonary Tuberculosis.						Totals.		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous	4	1	1	4	2	3	—	—	—	—	—	—	8	3	4
Non-Tuberculous ...	3	—	1	2	3	2	—	—	—	1	1	—	6	4	3
Doubtful	—	—	1	1	3	3	—	—	—	—	—	—	1	3	4
Totals	7	1	3	7	8	8	—	—	—	1	1	—	15	10	11

during the year from Institutions for the treatment of Tuberculosis.

Classification on admission to the Institutions.		Condition at time of discharge.	Duration of Residental Treatment in the Institutions. Under 3 months but exceeding 28 days.			3–6 months.			6–12 months.			More than 12 months.			Totals.			Grand Totals.
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.	Class T.B. minus.	Quiescent	20	29	—	9	17	2	1	5	26	—	—	11	30	51	39	120
		Not quiescent	8	2	1	—	1	1	—	1	1	—	—	—	8	4	3	15
		Died in Institution ...	1	—	—	—	—	—	1	—	—	—	—	—	2	—	—	2
	Class T.B. plus Group 1.	Quiescent	—	1	—	3	3	—	1	—	—	—	—	1	4	4	1	9
		Not quiescent	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class T.B. plus. Group 2.	Quiescent	13	4	—	14	10	—	6	3	1	1	—	—	34	17	1	52
		Not quiescent	5	2	—	3	3	—	1	1	—	—	3	—	9	9	—	18
		Died in Institution ...	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	1
	Class T.B. plus. Group 3.	Quiescent	—	—	—	5	3	—	1	2	—	—	—	—	6	5	—	11
		Not quiescent	9	6	—	5	2	—	4	1	—	1	3	—	19	12	—	31
		Died in Institution ...	4	7	—	4	1	—	4	1	—	1	1	—	13	10	—	23
TOTALS (Pulmonary) ...			61	51	1	44	40	3	19	14	28	3	7	12	127	112	44	283
NON-PULMONARY TUBERCULOSIS.	Bones and Joints.	Quiescent	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1
		Not quiescent	1	—	—	—	1	—	—	—	—	—	—	—	1	1	—	2
		Died in Institution ...	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1
	Abdominal.	Quiescent	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1
		Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution ...	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
	Other Organs.	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Peripheral Glands.	Quiescent	—	—	1	—	—	3	—	—	10	—	—	4	—	—	18	18
		Not quiescent	—	—	1	—	—	4	—	—	1	—	—	—	—	—	6	6
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS (Non-Pulmonary) ...			2	—	2	—	1	7	1	—	11	1	—	5	4	1	25	30

TUBERCULOSIS SCHEME.

(M. of H. Form T. 145 A).

PULMONARY TUBERCULOSIS.—Supplementary Annual Return showing in summary form (a) the condition at the end of 1937 of all patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register. The Table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of Pulmonary Tuberculosis, and their classification at that time.

Condition at the time of the last record made during the year to which the return relates.			Previous to 1927					1927					1928					1929				
			Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus			
				Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)
(a) Remaining on Dispensary Register on 31st December	Disease Arrested	Adult Males	2	...	1	2	3	1	...	...	1	1	...	...	1	1	2	2	...	...	2	2
		Adult Females	6	...	...	...	...	...	1	...	1	2	3	1	...	...	1	1	...	...	1	1
		Children	1	...	...	...	...	...	...	...	...	...	1	1	...	...	1	3	...	...	...	...
	Disease not Arrested	Adult Males	...	...	1	2	3	...	...	1	1	2	...	...	1	1	2	...	...	1	...	1
		Adult Females	...	1	1	3	5	1	...	...	2	2	...	1	...	1	2	...	...	...	2	2
		Children	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
	Condition not ascertained during the year		11	2	...	...	2	...	...	...	...	...	1	1	...	2	3	2	1	...	...	1
	Total on Dispensary Register at 31st December		20	3	4	7	14	2	1	1	5	7	5	4	2	5	11	9	1	1	5	7
(b) Not now on Dispensary Register and reasons for removal therefrom	Discharged as Recovered	Adult Males	21	2	2	...	4	3	1	...	...	1	6	...	...	...	...	9	...	...	...	...
		Adult Females	31	1	1	...	2	5	...	...	...	...	4	...	...	...	...	7	2	1	...	3
		Children	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
	Lost sight of, or otherwise removed from Dispensary Register		106	10	15	7	32	10	3	4	2	9	17	4	1	11	16	41	3	2	16	21
	Dead	Adult Males	4	1	4	15	20	2	4	2	2	8	...	1	3	4	8	...	1	1	17	19
		Adult Females	2	1	2	6	9	...	...	3	2	5	1	...	2	1	3	3	...	4	14	18
		Children	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	1	...	...	1	1
	Total written off Dispensary Register		171	15	24	28	67	20	8	9	6	23	28	5	6	18	29	62	6	8	48	62
GRAND TOTALS			191	18	28	35	81	22	9	10	11	30	33	9	8	23	40	71	7	9	53	69

PULMONARY TUBERCULOSIS.—Supplementary Annual Return showing in summary form (a) the condition at the end of 1937 of all patients remaining on the Dispensary Register ; and (b) the reasons for the removal of all cases written off the Register. The Table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of Pulmonary Tuberculosis, and their classification at that time.

Condition at the time of the last record made during the year to which the return relates.			1930					1931					1932					1933				
			Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus			
				Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)
(a) Remaining on Dispensary Register on 31st December	Disease Arrested	Adult Males ...	...	1	...	...	1	1	1	...	...	1	6	...	4	...	4	6	2	2	...	4
		Adult Females	3	...	1	2	3	2	1	...	...	1	6	...	1	...	1	8	...	1	...	1
		Children ...	2	...	...	...	...	4	...	...	...	...	3	...	...	...	...	2	...	...	...	...
	Disease not Arrested	Adult Males ...	...	...	1	5	6	...	...	3	3	6	3	2	4	2	8	1	1	7	1	9
		Adult Females	...	...	1	...	1	...	...	2	3	5	1	...	5	2	7	1	2	7	2	11
		Children ...	1	...	...	1	1	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...
	Condition not ascertained during the year		3	...	2	2	4	6	...	4	...	4	14	1	9	1	11	12	1	10	...	11
	Total on Dispensary Register at 31st December		9	1	5	10	16	13	2	9	6	17	34	3	23	5	31	31	6	27	3	36
(b) Not now on Dispensary Register and reasons for removal therefrom	Discharged as Recovered	Adult Males ...	6	...	...	1	1	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Adult Females	2	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Children ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Lost sight of, or otherwise removed from Dispensary Register		54	6	2	13	21	47	6	17	10	33	27	9	19	9	37	20	1	18	3	22
	Dead	Adult Males ...	3	2	2	27	31	6	4	17	19	40	13	1	34	23	58	8	3	20	19	42
		Adult Females	3	...	2	11	13	4	1	6	9	16	7	...	15	12	27	2	...	19	13	32
		Children ...	1	...	...	...	...	1	...	...	...	...	3	...	1	...	1	...	...	1	...	1
	Total written off Dispensary Register		69	8	6	52	66	65	11	40	38	89	50	10	69	44	123	30	4	58	35	97
GRAND TOTALS			78	9	11	62	82	78	13	49	44	106	84	13	92	49	154	61	10	85	38	133

TUBERCULOSIS SCHEME.—Continued.

PULMONARY TUBERCULOSIS.—Supplementary Annual Return showing in summary form (a) the condition at the end of 1937 of all patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register. The Table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of Pulmonary Tuberculosis, and their classification at that time.

	Condition at the time of the last record made during the year to which the return relates.		1934					1935					1936					1937				
			Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus			
				Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)
(a) Remaining on Dispensary Register on 31st December	Disease Arrested	Adult Males ...	77	...	3	1	4	36	...	2	1	3	...	...	...	...	...	...	...	...	...	...
		Adult Females	91	6	4	...	10	51	...	1	...	1	...	...	...	...	...	...	...	...	...	...
		Children ...	152	2	...	...	2	66	1	...	...	1	...	...	...	...	...	...	...	...	...	...
	Disease not Arrested	Adult Males ...	1	...	19	8	27	11	1	17	10	28	49	2	22	20	44	52	5	28	25	58
		Adult Females	10	2	19	7	28	21	3	21	7	31	57	1	20	10	31	58	5	11	11	27
		Children ...	25	1	1	...	2	27	1	...	...	1	69	...	1	...	1	92	...	...	1	1
	Condition not ascertained during the year		33	1	10	3	14	28	2	1	1	4	...	...	...	...	...	...	...	...	...	...
	Total on Dispensary Register at 31st December		389	12	56	19	87	240	8	42	19	69	175	3	43	30	76	202	10	39	37	86
(b) Not now on Dispensary Register and reasons for removal therefrom	Discharged as Recovered	Adult Males ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Adult Females	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Children ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Lost sight of, or otherwise removed from Dispensary Register		28	1	6	5	12	13	...	3	2	5	9	...	3	2	5	4	...	...	1	1
	Dead	Adult Males ...	6	2	16	29	47	5	...	6	23	29	10	...	4	31	35	4	...	1	12	13
		Adult Females	3	...	14	13	27	7	...	6	11	17	3	...	3	11	14	...	...	...	8	8
		Children ...	1	...	1	1	2	...	...	...	...	...	...	...	...	1	1	2	...	...	...	...
	Total written off Dispensary Register		38	3	37	48	88	25	...	15	36	51	22	...	10	45	55	10	...	1	21	22
Grand Totals			427	15	93	67	175	265	8	57	55	120	197	3	53	75	131	212	10	40	58	108

NON-PULMONARY TUBERCULOSIS.—Supplementary Annual Return showing in summary form (a) the condition at the end of 1937 of all patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register.

	Condition at the time of the last record made during the year to which the return relates		Previous to 1927					1927					1928					1929				
			Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total
(*a*) Remaining on Dispensary Register on 31st December	Disease Arrested	Adult Males ...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Adult Females	...	...	...	1	1	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...
		Children ...	2	...	...	...	2	1	...	...	...	1	...	...	...	...	...	...	...	...	2	2
	Disease not Arrested	Adult Males ...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Adult Females	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Children ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Condition not ascertained during the year		8	...	1	...	9	2	...	...	...	2	4	...	...	...	4	4	...	1	...	5
	Total on Dispensary Register at 31st December		11	...	1	2	14	4	...	...	...	4	4	...	...	...	4	4	...	1	2	7
	Transferred to Pulmonary		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(*b*) Not now on Dispensary Register and reasons for removal therefrom	Discharged as Recovered	Adult Males ...	3	1	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Adult Females	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Children ...	2	...	...	...	2	...	1	...	...	1	...	1	...	3	4	...	...	...	...	...
	Lost sight of, or otherwise removed from Dispensary Register		8	...	...	2	10	...	...	2	...	2	2	...	...	1	3	1	...	...	...	1
	Dead	Adult Males ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Adult Females	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Children ...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total written off Dispensary Register		13	1	1	2	17	...	1	2	...	3	2	1	...	4	7	1	...	...	...	1
Grand Totals of (*a*) and (*b*) (excluding those transferred to Pulmonary)			24	1	2	4	31	4	1	2	...	7	6	1	...	4	11	5	...	1	2	8

TUBERCULOSIS SCHEME.—Continued.

NON-PULMONARY TUBERCULOSIS.—Supplementary Annual Return showing in summary form (a) the condition at the end of 1937 of all patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register.

Condition at the time of the last record made during the year to which the return relates			1930					1931					1932					1933				
			Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total
(*a*) Remaining on Dispensary Register on 31st December	Disease Arrested	Adult Males	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	2
		Adult Females	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Children	...	...	...	3	3	1	1	...	1	3	2	...	...	3	5	1	2	...	2	5
	Disease not Arrested	Adult Males	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Adult Females	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2
		Children	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	1	...	...	...	1
	Condition not ascertained during the year		2	1	...	...	3	2	...	1	2	4	5	...	1	...	6	8	1	1	2	12
	Total on Dispensary Register at 31st December		2	1	...	3	6	3	2	1	3	9	7	...	1	3	11	11	3	1	7	22
Transferred to Pulmonary			...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	1	2
(*b*) Not now on Dispensary Register and reasons for removal therefrom	Discharged as Recovered	Adult Males	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...
		Adult Females	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Children	1	1	...	...	2	...	1	...	1	2	...	...	...	...	...	...	...	...	...	...
	Lost sight of, or otherwise removed from Dispensary Register		1	...	...	3	4	1	1	2	...	4	7	1	3	5	16	3	...	...	1	4
	Dead	Adult Males	...	...	...	...	...	...	...	1	...	1	2	1	1	1	5	2	...	...	...	2
		Adult Females	...	...	...	...	...	...	...	...	...	...	...	1	1	...	2	...	...	...	...	...
		Children	...	...	...	...	...	...	...	...	...	...	...	1	1	...	2	...	...	2	...	2
	Total written off Dispensary Register		2	1	...	3	6	1	2	3	1	7	10	4	6	6	26	5	...	2	1	8
Grand Totals of (*a*) and (*b*) (excluding those transferred to Pulmonary)			4	2	...	6	12	4	4	3	4	15	17	4	7	9	37	16	3	3	8	30

NON-PULMONARY TUBERCULOSIS.—Supplementary Annual Return showing in summary form (a) the condition at the end of 1937 of all patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register.

Condition at the time of the last record made during the year to which the return relates.			1934					1935					1936					1937				
			Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total
(a) Remaining on Dispensary Register on 31st December	Disease Arrested	Adult Males ...	...	2	...	...	2	...	...	1	1	2	1	...	...	2	3	...	...	...	...	...
		Adult Females	1	1	...	1	3	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
		Children ...	...	...	...	3	3	1	1	...	5	7	...	...	...	6	6	...	...	...	...	...
	Disease not Arrested	Adult Males ...	...	...	...	...	...	3	...	...	...	3	5	...	2	...	7	3	...	1	...	4
		Adult Females	1	...	1	...	2	1	...	...	...	1	1	1	...	...	2	3	...	...	...	3
		Children ...	2	...	...	...	2	3	...	...	...	3	1	...	...	1	2	...	1	...	8	9
	Condition not ascertained during the year		...	...	3	...	3	2	1	1	...	4	...	...	...	...	...	...	...	...	...	...
	Total on Dispensary Register at 31st December		4	3	4	4	15	10	2	2	7	21	8	1	2	9	20	6	1	1	8	16
Transferred to Pulmonary ...			...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
(b) Not now on Dispensary Register and reasons for removal therefrom	Discharged as Recovered	Adult Males ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Adult Females	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Children ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Lost sight of, or otherwise removed from Dispensary Register		...	...	...	1	1	1	...	...	...	1	...	...	1	...	1	...	...	...	...	...
	Dead	Adult Males ...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...
		Adult Females	2	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Children ...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...
	Total written off Dispensary Register		2	...	...	1	3	1	...	...	...	1	...	1	2	...	3	...	...	...	...	...
GRAND TOTALS of (a) and (b) (excluding those transferred to Pulmonary)			6	3	4	5	18	11	2	2	7	22	8	2	4	9	23	6	1	1	8	16

CANCER.

There has been since 1933 an arrangement by which patients from the Borough Hospital, who are considered suitable for radium treatment at the Regional Radium Centre, viz., the Royal South Hants and Southampton Hospital, are transferred there for review by the Radium Officer and one of the surgeons at the Hospital. If suitable for radium treatment, they are retained there. If, on the other hand, they are not considered suitable, they are returned to the Borough Hospital.

With regard to the number of patients admitted to the Borough Hospital during the year 1937, out of a total of 133, 57 patients were admitted after previous treatment at the Royal South Hants Hospital. Of these, 15 had received radium treatment at the Royal South Hants Hospital, 2 at the Radium Institute, 1 at the Royal Northern Hospital, and 1 at St. Bartholomew's Hospital. Of the remaining 38, 12 had been operated on for types of carcinoma which were not suitable for radium treatment, e.g., gastro-intestinal carcinoma ; 1 had received deep X-Ray therapy, while the remaining 25 had been referred to this Hospital either because they were inoperable or had refused operation.

On the other hand, of the 76 cases admitted direct to this Hospital without previous advice or treatment at another Hospital, 7 cases were referred to the Royal South Hants Hospital for radium treatment by arrangement, carcinoma of the cervix being the most common type of malignant growth sent for treatment. Of the remaining 69 cases, 14 underwent operations in this Hospital, while the remaining 55 consisted of cases who had either been previously operated on in the Borough Hospital and had developed recurrences, or who were considered too old and too degenerated to justify operative risks, or cases which were too advanced to be operable, and had had no previous advice or treatment.

Dr. Taylor, the Radium Officer at the Royal South Hants Hospital, keeps in touch with the Resident Medical Superintendent, and obtains reports in order to follow up any patients who have received radium treatment at the Royal South Hants Hospital, and who have afterwards been transferred to this hospital.

The following table shows the death-rate per 1,000 of the population from Cancer in the Municipal Wards during the year 1937, and, for comparison, the death-rate for the year 1936:—

Ward.	Death-rate, 1936.	Death-rate, 1937.
1. Town	2.04	2.27
2. St. Mary's	1.55	1.75
3. Northam	2.55	2.10
4. Trinity	1.45	2.31
5. Newtown	2.72	1.81
6. All Saints	1.69	1.30
7. Bevois	2.77	3.32
8. Banister	2.38	1.58
9. Freemantle	2.74	2.01
10. Millbrook	1.46	1.36
11. Shirley	1.44	1.39
12. Portswood	1.79	2.23
13. St. Denys	1.94	2.74
14. Bitterne and Pear Tree	1.10	0.83
15. Bitterne and Sholing	1.48	1.51
16. Woolston	2.54	1.50
17. St. Nicholas	1.44	0.78
Borough	1.83	1.71

Deaths from Cancer during the year 1937, showing the parts of the body primarily affected.

Situation.	Male.	Female.
Buccal Cavity and Pharynx.		
Tongue	5	—
Pharynx	1	—
Mouth	—	1
Maxilla	2	—
Soft Palate	1	—
	9	1
Digestive System and Peritoneum.		
Colon	11	14
Stomach	28	21
Stomach and Liver	1	1
Pancreas	1	9
Gall Bladder	2	—
Intestine	2	2
Liver	10	7
Liver and Pancreas	1	—
Œsophagus	12	4
Peritoneum	2	1
Rectum	25	10
Pylorus	—	3
Sigmoid	1	3
Cæcum	—	5
Hepatic	2	—
	98	80
Respiratory Organs.		
Lung	3	5
Larynx	8	—
Bronchus	1	—
	12	5

Situation.	Male.	Female.
Uterus and Female Genital Organs.		
Uterus	—	19
Ovary	—	6
	—	25
Breast	—	32
Male Genito-Urinary Organs.		
Bladder	5	—
Kidney	2	—
Prostate	3	—
Testicles	2	—
	12	—
Skin.		
Abdominal Wall	—	1
Buttock	—	1
Face	1	—
	1	2
Unclassified.		
Glands of Neck	1	2
Abdomen	1	1
Cervical Glands	1	—
Thigh	2	1
Kidney	—	3
Ear	—	1
Carotid Gland	—	1
Arm	1	—
Lymphatic Gland	1	—
Ribs	1	—
Disseminated	1	—
Brain	1	—
Pelvis	—	2
Inguinal Gland	—	1
Melanotic	—	1
	10	13

Municipal Hospitals
and
Municipal Laboratories.

BOROUGH HOSPITAL.

The Borough Hospital, previously known as the Shirley Warren Poor Law Infirmary, was appropriated under the Local Government Act as a General Hospital under the Public Health Acts, and the administration of the institution was transferred to the Health Committee.

The hospital consists of four male pavilions of eight wards, and four female pavilions of seven wards. In addition there are in each pavilion, on an average, four side wards containing three or four beds.

On the male side of the hospital, St. Michael's Pavilion consists of a lower ward in which acute surgical cases are exclusively treated, the side wards being devoted to the treatment of boys over 5 and under 16 years of age, and an upper ward, to which chronic or inoperable surgical cases are periodically transferred from the lower ward. These wards are visited on three days a week by the visiting surgeon. Shirley Pavilion consists of a lower ward in which acute medical cases are treated, and an upper ward to which chronic medical cases are drafted as occasion arises. In the side wards, boys of over 5 and under 16 years of age are treated for acute medical conditions. The Visiting Physician controls the treatment of patients in these wards on his visits three days a week. Portswood Pavilion consists of a lower ward in which senile and bed-ridden patients are treated. The patients in this ward are almost all over 70 years of age. The upper ward is exclusively confined to the treatment of advanced pulmonary tuberculosis, the majority of which cases have at some time or another been under the care of the Tuberculosis Officer and have therefore received treatment at the Municipal Dispensary. Finally, in St. John's Pavilion, the lower ward is now in full working order as a tonsils and adenoids ward. The day room has been converted into a well-equipped theatre, and the ward is exclusively used for these cases. They are admitted on a Thursday afternoon, operated upon on Friday morning by an Aural Specialist, and discharged on the following morning. This arrangement has worked admirably. The upper ward is reserved for male venereal cases requiring hospital treatment, and skin diseases. The clinics are held by the Resident Medical Superintendent on four days a week in a well-equipped and up-to-date treatment room. The Venereal Diseases Officer visits the hospital one afternoon a week, when he reviews the cases and works in co-operation with the Resident Medical Superintendent.

On the female side of the hospital, HOLYROOD PAVILION consists of one ward containing eight beds, and was up to this year the maternity ward. Since the opening of the Maternity Unit, Holyrood Ward is now used for septic puerperal cases, and it is admirably equipped for this purpose. ST. LAWRENCE PAVILION is the female surgical unit, and on the lower ward acute surgical and gynæcological cases are treated. This section is under the care of the visiting surgeon and visiting gynæcologist. The upper ward is devoted to the treatment of female venereal cases and skin diseases. The clinic is under the charge of the Resident Medical Superintendent, who works in co-operation with the Venereal Diseases Officer who reviews the cases once a week. It also has a well-equipped treatment room similar to that on Upper St. John's Ward. ALL SAINTS' PAVILION is devoted to the treatment of acute medical cases in the lower ward, while the upper ward is used for chronic medical cases. This pavilion is under the charge of the visiting physician. The lower side wards are reserved for female staff patients. ST. MARY'S PAVILION consists of a lower ward for the treatment of children up to 5 years of age and an upper ward, separated by a partition into two wards, the first of which is used for female senile cases, while the back ward (with enclosed balcony) is reserved for advanced female phthisical cases. On Monday afternoons the Tuberculosis Officer visits the male and female patients under treatment.

The new Maternity Unit was opened on 29th April, 1937, by the Chairman of the Health Committee, Alderman Mrs. L. M. Foster Welch, J.P. The Unit is divided into five sub-units, namely :—Reception, lying-in, combined labour and operating sections, isolation section, and an ante-natal out-patient clinic. This is an up-to-date building, most tastefully decorated and admirably equipped for the most recent advances in obstetrical procedure.

Finally, there are well-equipped general operating theatre, X-ray and massage departments. The chief operating day is on Thursday morning, but urgent operations may prove necessary on any day and at any time during the week. Two sessions for X-ray examinations are held by the Visiting Radiologist on Monday and Thursday afternoons. The patients undergoing X-ray examination are selected partly from hospital in-patients and partly from tuberculous out-patients selected by the Tuberculosis Officer from his dispensary patients.

Owing to the retirement of Mr. G. H. Cowen, who was for over twenty-five years Consulting Surgeon to the hospital, a new appointment in the form of a Deputy and Assistant Surgeon was made. Mr. S. N. Lytle, F.R.C.S., was appointed by the Council to this position on 1st May.

Dr. D. R. Beaton was appointed Resident Obstetrical Officer, and he took up his appointment at the end of August. His duties are mainly, of course, connected with the Maternity Unit, but he also carries out certain specified duties in the main hospital.

An Almoner's Department was commenced at the hospital on 1st May, and Miss E. A. Crane was appointed to the position of Almoner. This involved, of course, the complete severance of all connection with the old Poor Law procedure, when patients were admitted through the Relieving Officers.

Two ambulances are now housed at the hospital for day and night service, and three ambulance drivers were appointed for this purpose.

MASSAGE DEPARTMENT.

This department is under the charge of a fully-trained and certificated masseuse, who treats cases of fracture, dislocation, palsy, contracture, etc., selected by the medical officers. A certain number of out-patients are also treated in this department.

OPERATIVE SURGERY.

As will be seen from Table E, 734 operations were successfully performed during the year. Of this number, 429 were tonsils and adenoids, mastoid operations, etc., performed by the Aural Surgeon.

ANÆSTHETICS.

Since the appointment of the Visiting Anæsthetist, the anæsthetic equipment in the hospital has been brought up-to-date both in the main hospital theatre and in the Maternity Unit. The Visiting Anæsthetist attends the hospital on two sessions a week, and also at any time for emergency or special operations.

SENILE PATIENTS.

During the year 1937, out of a total number of 618 deaths, 217 were over 70, and 381 were over 60. Between the age periods of 1 and 20, there were only 15 deaths.

TABLE A.—Table showing the classification of the accommodation for sick, maternity and mental cases, and the number of beds occupied on the 31st December, 1937.

Classification of Wards.	Number of Wards.	BEDS.							
		MEN.		WOMEN.		CHILDREN (under 16 years of age).		Total.	
(1)	(2)	Provided (3)	Occupied (4)	Provided (5)	Occupied (6)	Provided (7)	Occupied (8)	Provided (9)	Occupied (10)
1. Medical ...	2	26	23	26	22	...	...	52	45
2. Surgical ...	2	31	26	28	16	...	...	59	42
3. Chronic sick *	5	112	95	56	49	...	...	168	144
4. Children ...	1	...	...	...	...	46	30	46	30
5. Venereal ...	2	32	8	15	2	5	1	52	11
6. Tuberculosis	2	31	22	14	4	...	...	45	26
7. Isolation ...	4	...	...	11	2	...	...	11	2
8. Maternity ...	13	...	...	42	29	...	...	42	29
9. Mental ...	...	6	...	6	...	...	...	12	...
Totals ...	31	238	174	198	124	51	31	487	329

* Patients needing hospital treatment because they are suffering from some chronic disease; also aged infirm persons whose medical and nursing needs approximate to those of chronic patients.

TABLE B.

Statistics relating to the year ended 31st December, 1937.

1.	Total number of admissions (including infants born in hospital)	3,812
2.	Number of women confined in hospital	460
3.	Number of live births	430
4.	Number of still births	42
5.	Number of deaths among the newly born (*i.e.*, under 4 weeks of age)	36
6.	Total number of deaths among children under one year (including those given under No. 5)	46
7.	Number of maternal deaths among women admitted to hospital for confinement	3
8.	Total number of deaths	618
9.	Total number of discharges (including infants born in hospital)	3,140
10.	Duration of stay of patients included in Nos. 8 and 9 above, whose stay was for the following periods—	
	(*a*) Under four weeks	2,951
	(*b*) Four weeks and under 13 weeks	607
	(*c*) Thirteen weeks or more	200
11.	Number of beds occupied during the year:— (a) Average, 329; (b) highest, 385, on 20th March, 1937; (c) lowest, 281, on 15th November, 1937.	
12.	Number of surgical operations under general anæsthetic (excluding dental operations)	734
13.	Number of abdominal sections	95

Out-Patients.

During the year 1,925 patients passed through the Out-Patients' Departments of the Borough Hospital, as under:—

Ante-natal cases	65 cases.	327 attendances.
Artificial pneumothorax ...	32 ,,	310 ,,
Massage	3 ,,	41 ,,
X-Rays	—	1,016 ,,
Male V.D.	5 ,,	213 ,,
Female V.D.	1 case.	18 ,,
Totals ...	106	1,925

TABLE C.

Classification of In-Patients who were discharged from or who died in the Institution during the year ended 31st December, 1937.

DISEASE GROUPS.	Children (under 16 years of age).		Men and Women.	
	Discharged.	Died.	Discharged.	Died.
A. Acute infectious disease	29	...	45	11
B. Influenza	3	...	42	12
C. Tuberculosis—				
Pulmonary	1	...	86	40
Non-pulmonary	1	3	8	3
D. Malignant disease	...	...	40	101
E. Rheumatism—				
(1) Acute rheumatism (rheumatic fever) together with sub-acute rheumatism and chorea	14	...	17	...
(2) Non-articular manifestations of so-called "rheumatism" (muscular rheumatism, fibrositis, lumbago, and sciatica)	1	...	5	...
(3) Chronic arthritis	...	...	21	...
F. Venereal disease	3	...	77	4
G. Puerperal pyrexia	...	...	11	...
H. Puerperal fever—				
(*a*) Women confined in hospital	...	...	...	...
(*b*) Other cases	...	...	2	1
I. Other diseases and accidents connected with pregnancy and childbirth	...	...	69	3
J. Mental diseases—				
(*a*) Senile dementia	...	...	2	...
(*b*) Other	...	...	9	...
K. Senile decay	...	...	12	8
L. Accidental injury	7	1	112	14
In respect of cases not included above—				
M. Diseases of the Nervous System and Sense Organs	50	7	95	15
N. ,, ,, Respiratory System	459	5	189	45
O. ,, ,, Circulatory System	10	4	165	221
P. ,, ,, Digestive System	67	31	224	26
Q. ,, ,, Genito-urinary System	12	1	89	56
R. ,, ,, Skin	63	...	103	1
S. Other diseases	13	...	79	5
T. Mothers and infants discharged from maternity ward—				
Mothers	...	...	503	...
Infants	402	...	...	...
Totals	1135	52	2005	566

TABLE D.

Classification of number of deaths occurring at the different age periods between 1st January and 31st December, 1937.

1.	Above 90 years of age	13
2.	Between 80 and 90 years	64
3.	,, 70 ,, 80 ,, ...	140
4.	,, 60 ,, 70 ,, ...	164
5.	,, 50 ,, 60 ,, ...	90
6.	,, 40 ,, 50 ,, ...	39
7.	,, 30 ,, 40 ,, ...	32
8.	,, 20 ,, 30 ,, ...	15
9.	,, 10 ,, 20 ,, ...	10
10.	,, 5 ,, 10 ,, ...	1
11.	,, 1 ,, 5 ,, ...	4
12.	Under 1 year	10
13.	,, 4 weeks	36
	Total ...	618

TABLE E.

Operations performed at the Borough Hospital from 1st January to 31st December, 1937.

1.	Abdominal sections (not including those under No. 4)	95
2.	Operations on Bones and Joints—	
	(a) Amputations	7
	(b) Other Operations on Bones and Joints ...	19
3.	Genito-urinary Operations	18
4.	Gynæcological Operations	70
5.	Operations on Ear, Nose, and Throat—	
	(a) Tonsils and Adenoids	396
	(b) Mastoids...	23
	(c) Miscellaneous	10
6.	Dental Operations	17
7.	Miscellaneous and minor Operations, including Skin grafts incisions, and drainage of abscesses, etc....	79
	Total ...	734

SPECIAL REPORT.

The following is a copy of a special report submitted to the Health Committee on the 3rd February, 1936, *re*:—

(a) APPOINTMENT OF ALMONER.
(b) AMBULANCE SERVICE.

In accordance with a resolution of the Public Assistance Committee, page 175, paragraph 26, 5th December, 1935, I beg to submit the following report on a suggested revision in the method of admission of patients to the Borough Hospital.

In my 1934 Annual Report I drew attention to the necessity for a revision in the procedure of admission by the employment of an Almoner, and a change in the method of assessment.

The Minister of Health, in his Annual Report for 1934, made a clear indication as a matter of policy that, as soon as circumstances permitted, an appropriated hospital should be administered as a general hospital, and completely severed from any Poor Law procedure.

In Southampton, although we have endeavoured to develop our Hospital in accordance with the policy indicated by the 1929 Act, i.e., by an improvement in our Visiting Staff, an increase of Nursing Staff, better equipment, etc., we still adhere to the old method of admitting patients through the Relieving Officers.

This method of admission has the disadvantage that the public still associate our Hospital with the old idea of a Poor Law Infirmary, and, further, it rather tends to prevent close co-operation between the Voluntary Hospitals and the Borough Hospital, owing to the fact that the Voluntary Hospitals still have long waiting lists, because many of the patients will not enter the Borough Hospital if they have to apply to the Relieving Officer.

I therefore suggest for your consideration the following arrangements for admission :—

1. PUBLIC HEALTH CASES.

These will be referred by the Medical Practitioners direct to the Resident Medical Superintendent, and particulars will be taken by the Hospital Almoner, who will act as the Enquiry Agent, and complete the appropriate enquiry form. Should the accommodation be fully utilised, then a waiting list will be compiled, and cases admitted according to their urgency.

2. NON-SETTLED CASES AND CASES OF DOUBTFUL ORIGIN.

Non-settled cases and cases of doubtful settlement cannot be claimed for from other Authorities if they are admitted as Public Health cases, but this can be obviated by appointing the Resident Medical Superintendent as an Assistant Relieving Officer, and thus legalising the position of the Local Authority in claiming settlement from other areas.

I would therefore suggest that this latter group, which forms a very small percentage (.483%), should be admitted through the Resident Medical Superintendent in his capacity as Assistant Relieving Officer, and these cases would then be referred to the Public Assistance Officer for the usual enquiries to be made as to settlement, and payment made by the Public Assistance Committee on settlement receipts to the Health Committee for the maintenance of these patients.

3. TUBERCULOSIS PATIENTS.

Patients suffering from tuberculosis are not charged for their treatment and maintenance at the Isolation Hospital and Sanatorium, and I suggest that the same procedure be adopted at the Borough Hospital for patients suffering from this condition, except for cases coming within Category 2.

4. MATERNITY CASES.

When the new Maternity Unit is completed, the same procedure should be adopted for the admission of patients as at present operates at our Maternity Home, i.e., they should be admitted through the Superintendent Health Visitor, who will make the necessary enquiries, and will submit these cases to a Special Committee of the Maternity and Child Welfare Committee. The collection will be made through the Maternity and Child Welfare Department, but for those who default in payment, the Public Assistance Collectors should be informed, and then the same procedure adopted as applies to other patients.

Regarding the assessment of cases referred to in paragraph 1 (Public Health Cases), I suggest a Special Committee of the Health Committee be appointed to replace the existing Committee, which is a Sub-Committee of the Public Assistance Committee.

There is an average of 45 admissions per week to the Borough Hospital, and it will therefore be necessary for this Sub-Committee to meet once a week to carry out this work.

The following table gives the admissions throughout the year 1935 :—

NO. OF ADMISSIONS PER MONTH.

January	236	July and August ...	424
February	269	September	163
March	190	October and November	443
April	183	December	156
May	221		
June	195		2,480

The Almoner will be present with her provisional assessment after making necessary enquiries for verification from employers as to wages, and this should be submitted to the Committee for their revision or approval. The assessment should be based in accordance with a scale of charges as laid down by the Committee.

The suggested scale as at present in operation in the City of Birmingham is as follows :—

		£ s. d.
Weekly income from all sources ...		
Allowances made for :—	£ s. d.	
Rent		
Coal and Light, 5/- per week ...		
FOOD.—Each adult from 14 upwards, 7/6 per week.		
Each child—First 6/6 per week ...		
Second ,, 6/- ,, ,, ...		
Third ,, 5/6 ,, ,, ...		
Remainder 5/- ,, ,, each		
		*

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* After deducting this amount from family income, the balance is the mount available for assessment purposes on a weekly basis.

It has also been questioned whether the Local Authority will ave a more restricted right of recovery of the cost, or some part f the cost of treatment of Public Health cases from the patient r his relatives under the Local Government Act, on the grounds hat the range of liable relatives covered by Section 16 of the Act

ISOLATION HOSPITALS.

The total number of cases admitted to the Isolation Hospital during the year was 908, compared with 1,079 in the year 1936, and 1,182 in the year 1935.

There is a continued marked diminution in the number of cases admitted for the treatment of diphtheria. These are still of a milder type, and only occasionally does a severe case appear.

The decrease of the total number I consider is mainly due to the effect of the extensive immunisation of the last few years. Where diphtheria has occurred amongst the immunised it is usually of the carrier type with no clinical features. There has been, however, the occurrence of clinical diphtheria of the severe type amongst immunised children, two of whom died.

It is to be wondered whether it would not be better if immunisation became compulsory, seeing that the majority of immunised children may become carriers, and, being safe themselves, they are somewhat of a problem and danger to the unimmunised children around them.

Following the opening of the new Tuberculosis Pavilion, the number of patients admitted for the treatment of tuberculosis considerably increased. The out-patient department of the new pavilion has proved very useful, both as regards treatment and X-ray work, and the new wards have been much appreciated by the in-patients.

Since the new Tuberculosis Pavilion was opened it has not been necessary to utilise the huts for patients, but they have been useful as recreation rooms for concerts for the patients, and as gymnasium and dance hall for the nurses.

Three of the pavilions were painted and renovated during the summer.

For comparative purposes the following table shows the number and description of the cases admitted in each year since 1928.

Disease Admitted.	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Small Pox	4	—	*1	—	1	—	—	—	—	—
Scarlet Fever	252	320	303	180	142	440	505	206	229	194
Diphtheria	311	373	418	230	214	274	692	717	373	319
Scarlet Fever and Diphtheria ...	3	—	1	3	3	3	1	17	21	4
Enteric Fever	39	19	24	11	15	11	13	19	15	19
Tuberculosis	213	224	222	178	197	152	186	159	167	205
Cerebro-Spinal Meningitis ...	1	2	4	4	10	12	2	—	1	3
Measles and German Measles ...	45	74	65	6	66	24	64	12	146	31
Chicken Pox	37	25	11	22	3	18	46	28	22	11
Mumps	7	12	2	3	5	7	47	3	4	29
Erysipelas	—	2	—	2	24	36	25	8	19	36
Pneumonia...	—	—	—	—	9	30	—	2	†20	†1
Influenza	—	—	—	—	14	34	—	—	—	—
Encephalitis Lethargica	—	1	—	—	2	—	—	1	—	—
Whooping Cough	—	—	—	1	30	11	30	3	29	27
Poliomyelitis	—	—	—	—	3	4	2	1	1	—
Other Diseases	5	14	4	3	8	4	3	6	32	30
Totals	917	1066	1055	643	746	1060	1616	1182	1079	908

* For observation. † With Measles.

SCARLET FEVER.

One hundred and ninety-four cases of scarlet fever were admitted, compared with 229 in the previous year ; on the whole, it is still of a very mild type, and only one death occurred. It is fortunate to note that, although places near Southampton in the South of England had some bad epidemics of scarlet fever, this district escaped.

The complications also have been of a very minor type, and consisted mainly of the minor septic ailments, such as ear-discharge, rhinorrhœa, and boils.

No mastoid operations were performed during the year.

The present-day use of the drugs of the Prontosil type is helping to lessen the occurrence of complications, and to make the acute stage less severe. It is a drug, however, which may have bad results if given too freely ; fortunately there have been no definite complications from the use of the drug, except the occurrence of a slight rash in one case, which might, however, have been of the secondary type of scarlet fever.

of 1929 is not so wide as that of the Poor Law. From enquiries made, it is believed that Section 16 of the 1929 Act is as wide in its interpretation as that enumerated under the Poor Law Act.

Regarding the collection of charges, the liable persons will be notified by the Health Department as to the amount payable. If payment is not made to the Almoner or to the Health Department, the existing collectors will be advised as to the Committee's assessment. The collection would then be carried out as at present by the existing collecting staff employed by the Public Assistance Committee, if the latter Committee agree to this procedure.

There will also be the need for a revision in the method of the ambulance services. If this scheme is adopted, at least two ambulances will have to be housed at the Borough Hospital, and two ambulance drivers employed. I find that there are two suitable garages at present used as stores, one as the Engineer's store and the other as a general store. Both of these could be utilized for this purpose, but accommodation would have to be built to provide a new store.

Financial Consideration.

In 1935 the Committee collected £3,593 for maintenance of patients in the Borough Hospital.

It will be necessary to pay the Almoner a salary of £200 per annum, rising by increments to £250. The Almoner will need the assistance of a Grade I clerk (salary £70 to £100), and office accommodation at the Borough Hospital can be provided in rooms which will be vacated by Dr. Jardine when he moves into his new residence. The equipment of the office will cost approximately £50, and another £50 for stationery.

The purchase of the two new ambulances will cost approximately £800.

The engagement of two ambulance drivers—£75 per annum, together with board, residence and uniform, or £2 10s. 0d. without emoluments. I find there is sufficient accommodation at the Borough Hospital to house these two drivers.

If we take over the ambulance service, it may mean that the Public Assistance Committee may be able to dispense with one of their two existing ambulances.

I estimate the cost of the ambulance service at £850 per annum, which includes oil, petrol, wages and uniform.

SUMMARY OF COST.

INITIAL COST.	£
Purchase of ambulances	800
Building store to replace garages	50
Office equipment	50
	£900

ANNUAL COST.	£
Almoner	200
Clerk	70
Cost of running two ambulances (including wages, uniform, petrol, oil)	850
Stationery	50
	£1,170

The Committee can, if they desire, continue the ambulance service as at present, which means that the Public Assistance Committee will continue to bear the cost, but this will most certainly need revision when the Institution at West End is re-built. I would also advise that a Special Committee of the Health Committee be appointed to consider the whole scheme in detail, and to confer with the Public Assistance Officer before deciding to put this revised procedure into operation.

The Council subsequently adopted the recommendations contained in the above Report, and on the 22nd March, 1937, Miss E. A. Crane was appointed as Almoner at the Borough General Hospital.

The establishment of an Almoner's Department at the Hospital has been of considerable assistance to the Committee in deciding the proper assessment of patients, and the carrying out of those multifarious duties which devolve on Almoners.

The Council adopted the recommendation contained in the Report regarding the provision of ambulances, and as from the 1st May, 1937, an ambulance service for Borough Hospital patients was carried out from the Borough Hospital by ambulances under the control of the Health Committee. In addition to one ambulance transferred from the Public Assistance Committee, a new ambulance was purchased. A day and night ambulance service is now operating necessitating the employment of three full-time ambulance drivers.

DIPHTHERIA.

Three hundred and nineteen cases of diphtheria were admitted, compared with 373 in the previous year. The disease was, fortunately, still of the less severe type—the cases of the gravis type have been few, and the number of deaths eight. There is still a difficulty in getting these cases sent to us quickly enough, as the parents are still somewhat negligent in calling in their doctors.

Serum is invariably used in the treatment and occasionally there have been serum reactions, some of the severe type, such reactions occasionally occurring in the case of immunised patients. Manufacturers, however, are now producing a very refined serum, which on trial here has given us better results.

Five laryngeal cases were admitted, and only one required the operation of tracheotomy—this case died.

No mastoid operations were performed during the year.

MEASLES.

Thirty-one cases of measles were admitted, compared with 146 in the previous year. The complications were of the usual type—mostly bronchial ; there were no deaths.

ERYSIPELAS.

Thirty-five cases of erysipelas were admitted, compared with 19 in the previous year. Most were of the facial type, and, although fairly severe, only one died.

ENTERIC FEVER.

Nineteen cases of enteric fever were admitted, compared with 15 in the previous year. Only one death occurred : this patient was seriously ill when admitted, having worked up to the day of admission.

During the summer a few cases occurred of para-typhoid.

Four carriers were also admitted, who had been in contact with some of the above cases.

WHOOPING COUGH.

Twenty-seven cases of whooping cough were admitted, compared with 29 in the previous year. These mostly came from the Childrens' Homes.

CHICKEN POX.

Eleven cases of chicken pox were admitted, compared with 22 in the previous year.

Cases continue to come in from the surrounding districts, the Military Authorities, and the Port.

SMALL POX.

No case of small pox occurred in the Borough or Port during the past year.

The following table gives particulars of the districts from which cases were admitted during the year 1937.

Disease Notified or Suspected.	Boro'.	Port.	New Forest Rural.	Winchester Rural.	Romsey and Stockbridge Rural.	Romsey Boro'.	Other Districts.	Military Cases.	Total.
Scarlet Fever	171	5	10	3	1	2	—	2	194
Scarlet Fever with Diphtheria	3	—	1	—	—	5	—	—	4
Diphtheria	292	1	15	3	—	—	—	3	319
Measles and Rubella ...	11	13	1	—	—	—	—	6	31
Enteric Fever	18	1	—	—	—	—	—	—	19
Pulmonary Tuberculosis	205	—	—	—	—	—	—	—	205
Chicken Pox	3	7	—	1	—	—	—	—	11
Erysipelas	31	—	2	—	—	—	—	2	35
Whooping Cough ...	24	1	2	—	—	—	—	—	27
Mumps	24	3	—	—	—	—	—	2	29
Cerebro-Spinal Meningitis	2	1	—	—	—	—	—	—	3
Observation and other cases ...	24	6	—	—	—	—	—	1	31
Totals	808	38	31	7	1	7	—	16	908

Cases occurring among non-residents admitted to the Isolation Hospital from the Royal South Hants and Southampton Hospital and the Children's Hospital are included in the above table.

ISOLATION HOSPITALS.

Cases Isolated for Treatment during the Year 1937.

This Table shows all admissions to the Isolation Hospital, and Millbrook Marsh Hospital, and includes all Cases admitted from Vessels in the Port, Cases admitted from neighbouring Districts, and Naval and Military Cases.

Disease Notified or Suspected.	Cases Remaining in Hospital, 1st January, 1937.	Total number of Admissions.	Diagnosis confirmed.	Discharged	Died.	Remaining in Hospital, 31st Dec., 1937.	Average number of days in Hospital (Cases treated to a conclusion)	Case Mortality. Per cent.
Scarlet Fever	34	194	183	212	1	15	33.1	0.4
Scarlet Fever with Diphtheria ...	—	4	4	2	1	1	32.0	25.0
Diphtheria	52	319	306	322	8	41	50.1	2.1
Diphtheria with other disease ...	1	—	1	1	—	—	—	—
Measles and Rubella	—	31	26	31	—	—	14.8	—
Measles and Pneumonia	—	1	1	1	—	—	—	—
Enteric Fever	2	19	19	19	1	1	53.6	4.7
Pulmonary Tuberculosis	54	205	—	167	9	83	140.2	3.4
Chicken Pox	—	11	11	10	—	1	23.2	—
Whooping Cough	6	27	21	31	2	—	22.2	6.6
Erysipelas	3	35	33	35	1	2	13.6	2.6
Mumps	2	29	26	31	—	—	14.5	—
Cerebro-Spinal Meningitis	—	3	3	3	—	—	—	—
Observation and other diseases ...	—	30	17	27	3	—	—	—
Totals	154	908	651	892	26	144	—	—

MUNICIPAL LABORATORIES.

Laboratory investigations under the Public Health Scheme have been carried out at the Municipal Laboratory, No. 23, East Park Terrace, as for several years past.

During the year 1937 there has been a general increase in the total number of examinations under every section of classification with the exception of examinations under the headings of diphtheria and cerebro-spinal fever. The number of specimens examined for diphtheria has decreased progressively since the close of the epidemic of 1935.

In the typhoid group there has been again a marked increase in the number of specimens examined. The increase was due to the occurrence of cases of typhoid fever amongst Spanish refugees camped in the neighbourhood and to an investigation of suspected foodstuff and suspected human carriers during the year.

Under the tuberculosis scheme the increased number of examinations may be accounted for by the opening of new tuberculosis pavilions at the Isolation Hospital.

The number of examinations under the Venereal Diseases Section show little change compared with the previous year's figures, but innovations made have been the introduction of the gonococcal complement fixation reaction and the examination under dark ground illumination of specimens for trichomonas vaginalis.

As in previous years, the Municipal Hospitals, Tuberculosis Dispensary, Gynæcological and Ante-natal Clinics, School Medical Service, Port Health Authority, and Meat and Milk Inspectors have made full use of the facilities offered at the Laboratories.

The Municipal Hospitals in particular, have made greater and wider use of the Laboratory services. The field covered has included many investigations not previously made at the Municipal Laboratories and these have been grouped in this report under the heading "Miscellaneous Examinations." Total examinations under the heading "Anæmia" are considerably more than doubled compared with last year—these specimens have been taken mostly from patients in the Borough Hospital.

The details of the work carried out are enumerated under the following summary :—

BACTERIOLOGICAL LABORATORY, MUNICIPAL DISPENSARY, 23 EAST PARK TERRACE.

DIPHTHERIA—	
Swabs cultured and examined	2,952
Preliminary direct examinations	200
Virulence tests (biological)	8
SPUTA—	
Specimens submitted by :—	
Medical Practitioners	775
Tuberculosis Dispensary	845
Estimation of albumen	129
TYPHOID GROUP—	
Agglutination test for T.A.B.	81
Abortus, melintensis, dysentery, etc.	15
Fæces	202
Blood cultures	5
CEREBRO-SPINAL FEVER—	
Cerebro-spinal fluids	7
Contact swabs	8
VINCENT'S ANGINA—	
Smears	42
BODY FLUIDS—	
Pleural fluids, etc.	42
URINE EXAMINATIONS—	
Full examinations (cultural)	420
Clinical	26
	~~5757~~
GONORRHŒA—	
Specimens from Medical Practitioners	101
Smears (V.D. Clinic)	2,416
Urine examinations (V.D. Clinic)	15
Vaccines prepared	3
Gonococcal complement fixation reactions	110
SYPHILIS—	
Wassermann reactions	2,291
Cerebro-spinal fluid (cell count)	39
Cerebro-spinal fluid (Pandy's reaction)	39
	5014

DARK GROUND EXAMINATIONS—

(1) For spirochæte pallida	136
(2) For trichomonas vaginalis	55

ANÆMIAS—

Full examinations	53
Films	39

MISCELLANEOUS EXAMINATIONS—

Examination of milk (fresh and tinned)	47
Guinea-pig inoculations	56
Smears from rats (b. pestis)	96
Fæces : occult blood	78
Other examinations	193

Details relating to pathological examinations made at the Municipal Laboratories, are given in the table on page 110.

BACTERIOLOGICAL LABORATORY, ISOLATION HOSPITAL.

The following Bacteriological Examinations were made at the Laboratory at the Isolation Hospital :—

Specimens from patients in Hospital	3,182
,, ,, ,, ,, ,, positive ...	181
,, ,, ,, ,, ,, Hoffman ...	27
,, ,, ,, ,, ,, query ...	76
Specimens submitted by medical practitioners ...	502
,, ,, ,, ,, ,, positive ...	16
,, ,, ,, ,, ,, Hoffman ...	2
,, ,, ,, ,, ,, query ...	12
Direct Smears	12

TUBERCULOSIS DEPARTMENT.

Sedimentation tests are done every three weeks for each patient.

Mental Deficiency Acts.
Mental Treatment Act.

The Southampton Mental Welfare Association.

MENTAL DEFICIENCY ACTS, 1913-1927.

The obligations placed on the Local Authority to make provision for the care and treatment of the mentally defective have been fully reported upon in previous Reports.

Under the Joint Agreement, dated the 12th June, 1931, made between the County Boroughs of Southampton and Bournemouth, and the County Council of Hampshire, accommodation is provided for those persons who require care, protection and treatment at the Coldeast Colony and the Tatchbury Mount Colony.

At the former institution accommodation is provided for women and children of both sexes, and at the Tatchbury Mount Colony males only, from the age of 16 years, are received.

During the year 21 petitions were presented to the Justices and orders obtained under the Acts. Of this number seven were males and 14 females, of whom 15 were classified as feeble-minded, and six as imbeciles. These were dealt with as under :—

Admitted to institutions—

Coldeast Colony	3	males.
	14	females.
Tatchbury Mount Colony ...	4	males.
	21	

In addition to those cases for whom orders were obtained, a considerable number were examined, but not found suitable to be dealt with under the Acts.

Nineteen cases were notified by the Local Education Authority to the Local Control Authority during the year, of whom three were sent to institutions, 16 were recommended for statutory supervision and placed under the care of the Local Voluntary Mental Welfare Association.

Where defectives show progress and improvement, the question of granting licence on prolonged leave of absence is considered, either to take up work, or with the idea of enabling the defectives to obtain some form of employment to improve their mental stability and become useful members of the community. Some of the cases are in useful employment and doing well. Before a patient is granted leave of absence from the institution, investigations are made on the home conditions, and what care, supervision and protection would be available if leave were granted. These reports are submitted to the Visiting Committee of the institution. Reports as to the progress of those on licence are made from time to time, and particularly where the licence is due for reconsideration.

Eleven defectives were granted leave of absence on licence from the institutions and one from guardianship during the year. Five were returned to the institution and the licences revoked.

Three Variation Orders were obtained in respect of defectives under Guardianship.

Two deaths of defectives occurred during the year, viz., one male at the Tatchbury Mount Colony, and one male at the Coldeast Colony.

Three defectives absconded during the year, two from Coldeast and one from Tatchbury ; two were returned, but in spite of enquiries the third is still absent from the institution.

During the year one defective was discharged from under the Mental Deficiency Acts.

The following is a summary of the patients for whom the Local Authority are responsible in institutions, under guardianship, and those on licence at the end of the year :—

(A.) In Institutions.

(i) Coldeast Colony.

Males over 16 years	15	
Males under 16 years	15	
Females over 16 years	64	
Females under 16 years	11	
	—	105

(ii) Tatchbury Mount Colony.

Males over 16 years	52

(iii) Other Institutions.

Royal Earlswood Institution—

Females	2

(B.) Under Guardianship.

(i) Brighton Guardianship or other approved Guardian.

Males	4	
Females	5	
	—	9

(C.) Under Licence.

(i) To care of parent or other approved person.

Males	19	
Females	11	
	—	30

At the end of the year a report was prepared on the number of defectives who had been granted prolonged leave of absence on licence during the five years 1933–37, and a summary of this report is given below :—

Of the licences granted in 1933, one boy is working satisfactorily and earning 26/– per week, and one girl has since been discharged from under the Mental Deficiency Acts.

Of the licences granted in 1934, one boy is working satisfactorily and earning £2 9s. 0d. per week, another was returned to the institution in 1938 for unsatisfactory behaviour, while a third is working satisfactorily, but no details of his earnings are available.

Of the licences granted in 1935, four boys are working satisfactorily, one boy was returned to the Colony in 1936 for unsatisfactory behaviour, and one girl returned to the Colony as she was unhappy in her employment.

Of the licences granted in 1936, four boys and one girl are working satisfactorily, three boys and two girls had their licences cancelled owing to unsatisfactory conduct, seven females are helping in the home, one girl absconded and was later returned to the institution, and one male has since been discharged from under the Mental Deficiency Acts.

During 1937 eleven licences were granted, and of these six boys are working satisfactorily, three boys were returned to the institutions for unsatisfactory behaviour, and two girls are helping in the home.

Where it is not considered advisable to proceed under the Mental Deficiency Acts, the defectives are placed under the care and supervision of the Southampton Voluntary Mental Welfare Association. This Association follows up the cases and visits them regularly, submitting reports on their progress, the conditions under which they are living, and information as to cases in which further action would be advisable under the Acts.

The Association works in close co-operation with the department, visiting, obtaining and submitting reports as desired on defectives who are on licence, or cases where it is proposed to present a petition for an Order under the Acts. Their services are much appreciated.

The number of cases under statutory and voluntary supervision at the end of the year was :—

Statutory Supervision.		
Males ...	92	
Females	100	
		192
Voluntary Supervision.		
Males ...	113	
Females	139	
		252

TRAINING.

The male patients at the respective institutions receive training in gardening, farming, carpentry, bootmaking, etc., and the female patients in useful work, such as needlework and other suitable domestic work, having regard to the capabilities of the defective as defined by the Medical Superintendent.

MENTAL TREATMENT ACT, 1930.

This Act, which came into operation on the 1st January, 1931, is designed to bring within the range of treatment cases in the earliest stages of mental illness. The Act is largely based on the findings of the Royal Commission, and the main principles embodied in it may be summarised as follow :—

(1) The preventive treatment of incipient mental illness by the provision of Out-Patient Clinics, and extended facilities for voluntary treatment.

(2) To assimilate the treatment of mental illness to that of other forms of illness by—

(*a*) Provision under which certain cases may be temporarily placed under care and treatment without certification.

(*b*) The opportunities afforded by associating the General Hospitals (Municipal and Voluntary) in the treatment of mental illness.

(3) Extended provision for after care, and for systematised research into mental illness.

(4) Dissociation of the treatment of mental illness from the Poor Law.

(5) Various alterations in terminology, reflecting the more enlightened view now taken in regard to mental illness.

The duties and powers of a Local Authority include :—

(1) To investigate the needs of their area, and to take such steps as they think necessary to provide and maintain suitable accommodation for the reception of temporary patients.

(2) To provide Out-Patient Clinics for treatment either gratuitously, or on such terms as they think fit, of persons suffering from mental illness.

(3) To make provision for after-care of patients who have undergone treatment, and to contribute to the funds of Voluntary Associations formed for that purpose.

(4) To undertake research, and to make contributions towards bodies engaged in research in relation to mental illness and treatment.

Section I of the Act provides that any person who is desirous of voluntarily submitting himself to treatment for mental illness, and who makes an application in writing for the purpose to the person in charge of an Institution, may, without a Reception Order, be received as a voluntary patient into any Hospital, Nursing Home, or place approved by the Board of Control. In the case of minors under the age of 16 years, a medical recommendation by an approved medical practitioner is required.

Section 5 of the Act provides that a person who is suffering from mental illness and is likely to benefit by temporary treatment, but is for the time being incapable of expressing himself as willing or unwilling to receive such treatment may, on the written application of the husband or wife, or by a relative of the person to whom it relates, or, on the request of the husband or wife or a relative, by a duly authorised officer of the Local Authority, be received as a temporary patient for the purpose of treatment.

An application for temporary treatment of a patient under Section 5 must be accompanied by a recommendation signed by two medical practitioners, one of whom must be approved by the Board of Control, and the other must be the usual medical attendant of the patient.

A Mental Treatment Clinic is held at East Park Terrace, Southampton, at 2 p.m., on Monday of each week, at which a Mental Specialist from Knowle Mental Hospital attends for the purpose of examining, guiding and assisting patients who are suffering from some minor mental trouble. The work of the

Specialist is very highly appreciated, and the Clinic is considered to be one of the finest, if not the finest, in the country. Patients, when it is considered advisable, are invited to enter Ravenswood House as voluntary patients. Ravenswood House is in the grounds of the Knowle Mental Hospital, and has been set aside for the reception of voluntary cases under this Act. They are kept entirely apart from the certified cases under the Lunacy Act, and are treated as visitors with every freedom of action on their part, with the care, attention and advice of those in charge. In connection with the voluntary section at Knowle, there is a Clinic at which the patients attend, and by so doing come in constant contact with the Specialist, who is able to mark the progress made. Patients may also be admitted to Ravenswood House through the Relieving Officers.

During the year 127 new patients attended at the Municipal Clinic, and, with old patients, made 658 visits during the year.

The following table shows the number of " Voluntary " patients treated at Knowle Mental Hospital during the year. No " Temporary " patients were admitted.

	Males.	Females.	Total.
Patients remaining in Hospital, 31st December, 1936	12	4	16
Patients admitted during the year	29	31	60
Patients discharged during the year—			
Recovered	5	9	14
Relieved	5	7	12
Not improved	7	8	15
Patients died during the year	0	0	0
Patients remaining in Hospital, 31st December, 1937	24	11	35

THE SOUTHAMPTON MENTAL WELFARE ASSOCIATION.

The Southampton Mental Welfare Association, run by a Voluntary Committee and working in conjunction with the Health and Education Departments, reports the completion of another successful year, and it is thought that an account of its recent activities might prove of interest, in view of the growing concern with which the subject of mental deficiency is being regarded.

During the year 1937 many changes have been made by the Southampton Mental Welfare Association; the most important of these being the concentration of the Offices and Occupation Centre in one building at No. 5, Cranbury Terrace, and the Association is now able to report considerable progress at the end of a very successful year.

As a result of the more commodious premises, greater facilities are available for the training of the defective children and adults who attend the Centre. The girls receive training in elementary domestic work, and take a keen interest in the care and cleaning of the rooms and the preparing of a mid-day meal under careful supervision. The boys are already making rapid strides with the garden and have great hopes of growing their own vegetables.

There were five new admissions to the Centre during the past year, and the parents of these children are more than pleased with the progress they have made in so short a time. It is hoped to persuade more parents of the desirability of sending their children, who have been excluded from education in an ordinary elementary school by reason of their defect, as there are still a great many in the Borough not in attendance at the Centre who would derive great benefit from training and teaching.

An inspector of the Board of Control visited the premises in November and subsequently submitted a report in which she stated that:—

> "The rooms have all been tastefully decorated and laid with floorcloth. The patients take great pride in helping to keep the Centre clean and have planted bulbs for table decoration. This being Friday, a lesson by wireless was included in the timetable. I was impressed by the interest shown and the evident enjoyment derived from this newer method of teaching movement to music.
>
> "The handwork is varied and suitable for the grade of patient attending. The discipline in this Centre is very good." . . . .

The Association undertakes the general care of the mentally defective persons in the Borough, and in several cases have been instrumental in obtaining employment for those capable of taking work. More than three thousand visits were paid to homes during the year, when both help and advice in the upbringing and management of defectives were given to those who have them in their care. Although in some of these homes the social worker is received with perhaps a slight feeling of resentment and suspicion, the majority of parents are only too glad to have a detached person with whom they can discuss their child, and they welcome the periodic visits that are paid.

There has been a great increase in the work done by this Association for the Psychological Clinic, and more than three hundred visits have been made to the homes of patients and reports made on their condition.

The attitude of the general public towards mental deficiency and mental disorders shows that a wider interest is being taken in this side of Public Health, and as a result there is a more sympathetic understanding of patients.

Miscellaneous.

VACCINATION.

The whole of the duties under the Vaccination Acts, together with all officers engaged in the work, were transferred to the Health Department in accordance with Section 2 of the Local Government Act, 1929.

The Borough is divided into nine vaccination districts, a Public Vaccinator (doctor) being appointed to each district, with the exception of districts Nos. 3 and 4 which are combined. Separate Public Vaccinators are also appointed for the St. Mary Street Institution, Borough Hospital, and Children's Homes. There are three Vaccination Officers appointed, each having a separate district.

The particulars in the following table are supplied by the Registrar General. It will be noticed that the number of births shown differs from those recorded as belonging to the Borough; the births in this table refer to all children born and registered in the Borough, and include therefore children residing in other towns.

The following table is a record of the Vaccinations carried out in Southampton since 1915 :—

Year.	Births.	Successfully Vaccinated.	Died Unvaccinated.	Insusceptible to Vaccination.	Declarations of Conscientious objection	Postponed and whereabouts unknown or removed to other districts.	Percentage successfully Vaccinated.
1915	2559	1230	157	8	961	203	48.1
1916	2773	1243	189	6	1083	252	44.8
1917	2430	1057	161	3	983	226	43.5
1918	2532	1002	172	12	1000	346	39.6
1919	2565	1062	157	10	1034	302	41.4
1920	3210	1283	165	8	1413	341	40.0
1921	†2871	1117	155	14	1320	265	38.9
1922	†2601	1082	148	9	1161	201	41.6
1923	†2474	1231	113	4	905	221	49.8
1924	3166	1502	163	7	1202	292	47.4
1925	3262	1440	156	4	1401	261	44.1
1926	3153	1354	139	11	1373	276	42.9
1927	3003	1283	125	15	1317	263	42.7
1928	3096	1391	113	9	1398	185	44.9
1929	3145	1311	147	19	1499	169	41.7
1930	3205	1466	146	7	1514	182	42.1
1931	3073	1370	110	9	1433	151	44.5
1932	3081	1338	122	11	1431	179	43.4
1933	2917	1203	135	11	1404	164	41.2
1934	2837	1197	116	11	1408	105	42.2
1935	2779	1256	119	11	1244	149	45.2
1936	2856	1313	126	11	1239	167	46.0
1937	2836	1577‡	*	*	1258	*	*

* Figures not yet available. † Old Borough only.

‡ These figures do not relate to the births registered in 1936, but are the numbers of certificates of successful primary vaccination of children under 14, and declarations of conscientious objection actually received in 1936, irrespective of the dates of birth of the children to whom they relate.

SOUTHAMPTON CREMATORIUM.

During the year ended December, 1937, 493 cremations were carried out at the Southampton Crematorium, representing an increase of 77 over the previous year.

Deceased persons belonging to Southampton who were cremated numbered 77, being 15.6 per cent. of the whole, and a decrease of 8 compared with 1936.

The annual totals since the opening of the Crematorium in July, 1932, continue to show a steady increase as follows:—1932, 77; 1933, 193; 1934, 299; 1935, 359; 1936, 416; 1937, 493, making a total of 1,837 in approximately 5½ years.

Scattering as a method of disposal of ashes was again the usual practice, and in nearly 65% of the cremations, the remains were afterwards scattered in the Garden of Rest.

As in 1936, only seven of the Crematoria in Great Britain carried out more cremations than Southampton, and although the 23rd Crematorium to be established, the total number of cremations at Southampton is now only exceeded by fourteen other Crematoria.

In Great Britain, as a whole, 14,129 cremations were carried out in 1937, representing a net increase over the previous year of 2,840, equal to 25.1%.

Appended are statistics on Districts and Disposal of Remains:—

COMPARISON OF DISTRICTS TABLE.

	1937.	July, 1932—Dec., 1937.
Southampton	77	341
Bournemouth	134	506
Portsmouth	62	266
Hants	146	459
Dorset	54	194
Wilts (including Salisbury)	12	48
Sundry	8	23
	493	1837

DISPOSAL OF REMAINS TABLE.

	1937.	July, 1932—Dec., 1937.
Scattered in Garden	319	1166
Taken away by friends	154	599
Deposited in Columbarium	8	37
Buried in Southampton Cemeteries	10	30
Waiting Instructions	2	5
	493	1837

DISTRICT MEDICAL OFFICERS.

Statement showing number of visits made to houses, attendances at surgery, and medicines supplied by the District Medical Officers during the year ended 31st December, 1937.

District No.	Medical Officer.	Visits to Homes.	Attendances at Surgery.	Medicines Supplied.	Location of District.
1	Dr. P. O'Connell ...	165	2,482	84	All of Town, and parts of St. Mary's and All Saints' Wards.
2	Dr. S. B. Chambers ...	316	1,361	299	Parts of All Saints, Newtown, Trinity and St. Mary's Wards.
3	Dr. A. J. Grimston ...	196	628	619	All of Northam, and parts of St. Mary's, Trinity, Newtown and Bevois Wards.
4 & 5	Dr. H. W. James ...	543	972	1,011	All of Portswood and St. Denys, and parts of Bevois and Newtown Wards.
6	Dr. C. B. Brownlie ...	908	737	145	All of Shirley and Banister Wards.
7	Dr. R. J. Vernon ...	275	687	853	All of Millbrook and Freemantle Wards.
8	Dr. P. M. Roberts ...	466	691	1,280	All of Woolston, and parts of Bitterne and Sholing, and Bitterne and Pear Tree Green Wards.
9	Dr. N. P. Pritchard ...	245	276	466	Parts of Bitterne and Sholing, Bitterne and Pear Tree Green, and St. Nicholas Wards.
10	Dr. W. A. Elliott ...	250	1,007	594	Part of St. Nicholas Ward.
	Totals	3,364	8,841	5,351	

HEALTH PROPAGANDA.

In July, 1937, the Minister of Health, Sir Kingsley Wood, instituted a National Campaign in order to encourage the fuller use of the Public Health Services, when local authorities were asked to augment their health propaganda work during the five months' period from October, 1937, to February, 1938.

Inaugural mass meetings were held in selected areas throughout the country, and Southampton was selected as a centre for one area, and, at the request of the Ministry of Health, an inaugural meeting for the campaign was held at the Guildhall on the 23rd November, 1937.

The Minister of Health arranged for prominent speakers to attend each of the inaugural meetings, and Southampton was favoured by the presence of Sir John Simon, K.C.V.O., M.P., Chancellor of the Exchequer, and the Lord Bishop of Winchester, who addressed the meeting.

An audience of more than 2,000 attended, and many people were unable to gain admission. The success of this meeting was in no small measure due to the following bodies, who kindly gave their services on this occasion :—

The Gange-Young School of Dancing.
The Women's League of Health and Beauty.
Northam Boys' Club.
Shirley Church Lads' Brigade Club.
Central District Old Boys' Club.
5th Company Boys' Brigade, Shirley.

Community singing was led by Mr. Arnold Williams and members of the Southampton Male Voice Choir, with Mr. Reginald Porter-Brown at the organ.

In connection with the Health Campaign, the Council authorised an expenditure of £500, and the following list gives an indication of some of the activities undertaken by the Department :—

Extensive poster displays.
Press articles and advertisements.
The preparation of a film showing the activities of the Southampton Health Department.
Leaflets, etc., distributed through the school children.
Talks at Welfare Centres.
Talks to parents of school children.
Talks by Medical Officers to Youth and Political Organisations throughout the town.

One of the most successful sections of our campaign was the completing of the Health Department film, which I am sure enlightened the public on many aspects of public health work, of which they had hitherto been unaware.

Lectures by Medical Officers, and, where possible, film displays were given to the following bodies :—

Toc H, Talbot House, Bitterne.
Parochial Guild of Shirley, Southampton.
Newtown Ratepayers' Association, Southampton.
Ladies' Social Guild of St. James' Methodist Church.
Maybush Women's Co-operative Guild.
St. John Ambulance Brigade.
Shirley and Millbrook Ratepayers' Association.
Swaythling Evening Institute, Southampton.
Woolston Townswomen's Guild, Southampton.
Regent's Park Conservative Association.
Freemantle Branch of the Women's Co-operative Guild.
The Dynamo Club.
Shirley Warren Senior Girls' School.
Foundry Lane Boys', Girls' and Infants' School.
Mount Pleasant Boys', Girls' and Infants' School.
Bevois Town Boys', Girls' and Infants' School.
Central District Boys', Girls' and Infants' School.
Ludlow Road Boys', Girls' and Infants' School.

HOUSING.

HOUSING.

In my Annual Report for 1936 I gave a comprehensive report on the Overcrowding Survey held in accordance with the Housing Act, 1935. This Survey was followed by a measuring Survey to ascertain for insertion in the rent books the " Permitted Number " for every working class house.

This Survey was commenced on the 28th June, 1936, and was continued during the first six months of 1937, during this period 26,590 houses were measured and recorded.

On the 17th June, 1937, an Order (The Operating of Overcrowding Provisions Order, No. 2, 1937) was issued, appointing 1st July, 1937, for purposes of Section 59 (Offences in Relation to Overcrowding) and Section 64 (The Duty of Landlord to inform Local Authority of Overcrowding) at 1st January, 1938. This Order was advertised in the local papers and exhibited on public notice boards, and on the 31st December, 1937, " Permitted Numbers " had, on request by owners, been supplied in respect of 7,305 houses.

During the year a number of the recorded cases of overcrowded families was found to be relieved through change of occupiers and other circumstances.

The measuring Survey, however, found overcrowding that had occurred subsequent to the original Survey, or had not been deemed to have been overcrowded by this preliminary Survey.

An instance of this may be cited where a four-roomed house originally shewed a " Permitted Number " of 7½ units, based on the number of rooms when actually measured, reduced the " Permitted Number " to 3 units.

The state of overcrowding in individual families is constantly changing, but from the information available, the number of abatements of known overcrowded families would appear to be about the same as the new cases of overcrowding found since my original report.

The following particulars shew the progress made in the amended Five-year Slum Clearance programme :—

Number of Houses in revised programme Clearance and C.P. Orders.	Number dealt with and demolished by 31st December, 1936.	Number dealt with and demolished during 1937.	Total number dealt with and demolished.	Number of Houses remaining to be dealt with on 31st December, 1937.
1074	430	227	657	417
Number of insanitary houses not included in Clearance or Compulsory Purchase Orders.				
158	78	40	118	40

Number of persons displaced from Clearance or Compulsory Purchase Orders	2648
Number of persons displaced from insanitary individual houses	406
Total persons displaced ...	3054

OFFICIAL REPRESENTATIONS.

Official representations were made during the year concerning unhealthy areas, which were inspected by the Housing Committee, and declared by the Council to be Clearance Areas :—

Kingsland No. 1 Clearance Area.

This area includes 236 houses, viz., Nos. 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, and 19 Exmouth Place ; No. 23 Palmerston Road ; Nos. 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 42, 43, 44, 45, 46, 47, 48, 49, 52, 53, 54, 55, 56, 57, 58, 59, 60, 63, 64, 65, 66, 67, 69, 70, and 71 North Front ; Nos. 1 and 2 Trinity Cottages ; Nos. 1, 2, 3, 4, 5, 7, and 8 Holden Square ; Nos. 12, 13, 14, 15, 17, 18, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 32, 33, 34, 35, 36, 37, 38, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, and 67 Winton Street ; No. 6 Cossack Place ; Nos. 1, 2, 3, and 4 Surrey Place ; Nos. 12, 13, 14, 15, 16, 17, 18, 19, 20, 30a, 21, 22, 23, 24, 25, 26, 27, 28, 29, 31, 31a, 32, 33, 34, 35, 40, 41, 42, 43, 44, and 45 Craven Street ; Nos. 1, 2, 3, 4, and 5 Winchester Place ; Nos. 14, 16, 17, 18, 19, 20, and 21 Johnson Street ; Nos. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, and

14 Broad Street; Nos. 2, 3, 4, 5, 6, 7, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 26, 27, 36, 38, 39, 40, 41, 42, 49, 50, and 51 Cossack Street; Nos. 2, 3, 4, 4a, 4b, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, and 21 Middleton Street; Nos. 1, 2, 3, 4, 5, and 6 Cross Street.

Cook Street.

This area includes 44 houses, viz., No. 3 Houndwell Place; Nos. 1, 2, 3, 4, 5, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, and 30 Chapel Street; Nos. 28 and 29 St. Mary's Street; Nos. 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 28, 29, 30, 31, and 32 Cook Street.

Lower Canal Walk, No. 2.

This area includes 3 houses, viz., Nos. 2, 3, and 4 Lower Canal Walk.

COMPULSORY PURCHASE ORDERS.

Kingsland No. 2.

This area comprised 28 houses. Twenty houses were without secondary means of ventilation. In 13 houses the ground floors of the houses were below the level of the adjoining ground. Dampness existed in all the houses. Twelve were without sinks, and all were without proper provision for the storage of food.

The area was represented on 21st October, 1936, and an Order made 16th December, 1936. A Ministry of Health Inquiry was held on the 9th March, 1937, and the Order was confirmed on the 22nd June, 1937.

Kingsland No. 3.

This area comprised 17 houses. Twelve houses had no secondary access. The floors of 9 of the houses were below the level of the adjoining ground. Eight houses were without sinks. Serious dampness existed in all the houses. The staircases were dark, steep and awkward, and food was stored in unventilated cupboards.

The area was represented on 21st October, 1936, and an Order made 16th December, 1936. A Ministry of Health Inquiry was held on the 9th of March, 1937, and the Order was confirmed on the 22nd June, 1937.

Kingsland No. 4.

This area comprised 17 houses. Twelve houses had no secondary means of access. Some of the houses were without sinks. Serious dampness existed in the houses, and all were characterised by disrepair.

The following is a summary of houses completed for occupation from the date of the Armistice to the end of the year 1937:—

	Erected by		
Year.	Council.	Private Enterprise.	Total.
1918 to date of Census, June, 1921	209	90	299
1921 June to end of year	232	112	344
1922	178	261	439
1923	50	383	433
1924	—	636	636
1925	—	821	821
1926	71	776	847
1927	437	568	1,005
1928	196	836	1,032
1929	644	896	1,540
1930	503	901	1,404
1931	614	712	1,326
1932	430	616	1,046
1933	118	732	850
1934	156	839	995
1935	202	873	1,075
1936	26	949	975
1937	321	894	1,215
	4,387	11,895	16,282

HOUSING STATISTICS.

The following particulars are given in the form required by the Ministry of Health.

1. Inspection of dwelling-houses during the year :—

(1) (a) Total number of dwelling-houses inspected for housing defects (under the Public Health or Housing Acts) 4,812

(b) Number of inspections made for the purpose ... 7,442

(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing (Consolidated) Regulations, 1925 945

(b) Number of inspections made for the purpose ... 1,566

(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 15

(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation 1,311

2. Remedy of defects during the year without service of formal notices :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers 139

3. Action under statutory powers during the year :—

A. Proceedings under Sections 9, 10, and 16 of the Housing Act, 1936 :—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ... 218

(2) Number of dwelling-houses which were rendered fit after service of formal notices :—

(a) By owners 218

(b) By Local Authority in default of owners nil

B. Proceedings under Public Health Acts :	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied...	1,093
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By owners	1,091
(b) By Local Authority in default of owners	nil
C. Proceedings under Sections 11 and 13 of the Housing Act, 1936 :	
(1) Number of dwelling-houses in respect of which Demolition Orders were made	15
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	40
D. Proceedings under Section 12 of the Housing Act, 1936 :	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	nil
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	nil

HOUSING ACT, 1936. PART IV. OVERCROWDING.

A. (1) Number of dwellings overcrowded at the end of the year	673
(2) Number of families dwelling therein	695
(3) Number of persons dwelling therein	3,823
B. Number of new cases of overcrowding reported during the year	251
C. (1) Number of cases of overcrowding relieved during the year	303
(2) Number of persons concerned in such cases ...	1,915
D. Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	nil

DETAILED LIST OF INSPECTIONS MADE UNDER THE HOUSING ACT, 1936.

During the year 945 houses were inspected under the provisions of the above Act.

The following is a list of Roads, Streets, etc., in which systematic inspection was carried out, the number of houses inspected, and the number of notices served :—

Street or Road.	Number of Houses. Inspected.	Number of Notices served under Housing Act.	Number of Notices served under Public Health Acts.
Amoy Street	24	3	10
Bath Street	5	—	4
Beech Road	48	2	8
Brickfield Road	41	7	14
Burgess Road (part of) ...	10	7	—
Campbell Street	20	1	15
Canton Street	42	1	11
Church Road	20	—	6
Dock Street (part of)	31	16	5
Duke's Road (part of) ...	37	—	8
Elgin Road	20	—	6
Endle Street	59	10	19
Foundry Lane (part of) ...	13	—	5
Grove Street (part of) ...	15	13	—
Howard's Grove	66	23	15
Ivy Road	28	—	15
Lemon Road	18	—	—
Leyton Road	35	3	11
Ludlow Road	215	72	31
Marchwood Road	40	—	20
Norman Road...	14	—	4
Portswood Road (part of) ...	11	9	—
Somerset Road (part of) ...	30	14	5
Summer Street	20	4	3
Tankerville Road	16	16	—
Testwood Road	46	17	15
Union Road	32	—	20
Westgate Street	9	—	2
Totals	370	218	252

ERADICATION OF BED BUGS.

During the year the household effects of tenants from insanitary houses dealt with under the Housing Acts were fumigated by the Hydro Cyanide Gas method by a private contractor prior to displacement and occupation of their new houses.

In addition to this, the Council have adopted a scheme whereby heavily infested and dirty articles of furniture and bedding are surrendered and replaced by the purchase of new furniture, which the tenants pay for by instalments added to their weekly rent.

The number of fumigations by this method total 242.

After removal of the tenants from these houses, the Sanitary Department carried out disinfestation of the vacated houses before demolition. Owing to the dilapidated condition of these properties, it is thought too dangerous to use the above method, and the disinfestation is carried out by means of sprays, using the following insecticides :—

Cromessol Solution. Zaldecide.

This method is used also for occupied houses where complaints are received of the existence of bed bugs.

The Committee have considered the advisability of carrying out fumigation of certain of their Council houses, which have become bug infested, by means of Hydro Cyanide Acid Gas, but my advice to the Council was against this measure owing to the danger to neighbours, and, therefore, sprays are used in such cases containing such chemical insecticides as Clensol and Solution " B."

Infestation.—Council Houses.

The Housing Manager informs me that the number of new houses found to be infected during 1937 was very few, and those found were in connection with the slum clearance removals at Aldermoor.

The number of Council houses disinfested during 1937 was 18.

Sanitary Services

and

Food and Drugs Acts.

SANITARY INSPECTION.

The following summary shows the particular work carried out under the various Acts administered by the Department, and nuisances abated during the year :—

General Inspection of Houses and re-visits	10,036
Inspections on complaint	1,273
,, under the Housing Acts	945
Re-visits under the Housing Acts	1,566
Inspections of Factories	115
,, of Workshops and Workplaces	1,262
,, of Laundries	39
,, of Bakehouses	588
,, under the Shops Act	2,781
,, of Slaughterhouses	3,326
,, of Butchers' Shops	2,352
,, of Sausage Factories	520
,, of Wholesale Stores, Markets, etc. ...	1,070
,, of Fish Shops	732
,, of Horse Flesh Shops	37
,, of Dairies, Cowsheds, and Milkshops ...	1,057
,, of Ice Cream Factories	386
,, of Common Lodging Houses	200
,, of Houses let in Lodgings	86
,, of Courts and Alleys	81
,, of Stables, Yards, Mews, etc.	69
Visits *re* Infectious Disease	564
Preliminary Notices served for the Abatement of Nuisances	1,093
Legal Notices served for the Abatement of Nuisances	92
Drains tested with smoke	8
,, tested with water	59
,, tested and found defective	6
Premises drained to the public sewer	74
Drains cleared and repaired	198
,, reconstructed	2
,, retrapped	2
,, intercepted and ventilated from sewer ...	2
Inspection chambers provided to house drains ...	4
Ventilating shafts provided to house drains	2
Water-closets reconstructed	35

Urinals reconstructed and provided with means of flushing	3
New pans fixed in water-closets	101
Water laid on to closets for flushing	97
Bath, sink wastepipes, etc., disconnected from drains	22
Sanitary sinks fixed in houses	112
Damp walls of houses remedied	531
Houses cleansed and whitewashed	325
Roofs of houses repaired	398
Eaves, guttering and stackpipes repaired	200
Window sashes made to open	15
Flooring, windows, etc., repaired	1,654
Yards paved and drained	21
Yard paving repaired	105
Sanitary dustbins provided to houses	330
Courts re-limewashed	4
Nuisances from keeping animals, etc., abated ...	4
Manure and offensive matter removed	54
Cesspools abolished	74

DISINFECTING STATION.

The following is a list of articles disinfected at the steam disinfector, West Quay :—

Beds and Mattresses	2,436
Bolsters and Pillows	4,377
Blankets and Quilts	9,469
Sheets	2,735
Counterpanes	1,222
Books	493
Sundries	11,793
Total	32,525

RATS AND MICE DESTRUCTION.

A total of 590 visits was made by the Sanitary Inspectors to farms, stores, refuse tips, and other places likely to be infested with rats, in connection with the duties imposed under the Rats and Mice (Destruction) Act, 1919.

The number of rats found and destroyed was 629.

NATIONAL "RAT WEEK."

The annual National "Rat Week" was held from 1st to 6th November, and the following methods were adopted for the extermination of rats :—

An article was published in the local newspaper, drawing the attention of the public to their liability under the Rats and Mice (Destruction) Act for the destruction of rats and mice, and inviting any persons troubled by these pests to apply to the Health Department for advice and assistance ; many communications were received and investigated.

The Ministry of Agriculture and Fisheries bulletin on "Rat Extermination" was available to anyone seeking information, and a number of copies was distributed. A supply of poison biscuits was kept in the office, and a number of people supplied and instructed as to the most effective way of using them. Harbourages isolated from dwelling-houses, private refuse tips, dumps, and any other place where gassing could be carried out with safety, were gassed with cyanogas. As in previous years, with the co-operation of the Borough Engineer, poison baits have been laid in sewer manholes throughout the town.

I am confident that "Rat Week" has been a success. It is difficult to estimate the number of rats actually destroyed with baits, gassing, etc., but the number accounted for by trapping and found poisoned was 265.

MERCHANDISE MARKS ACT, 1926.

Seven hundred and fifty visits were made to shops, markets and hawkers' trucks, to see that the provisions of the Act were carried out.

DRAINAGE UNDER THE NEW BUILDING BYE-LAWS.

During the year 922 plans were submitted, of which 827 were approved and 95 disapproved.

The approved plans comprised:—

Dwelling-houses	1,418
Alterations	198
Miscellaneous buildings, shop fronts, etc.	258
Sewers, etc.	27

Work completed :—

Houses	894
Alterations	132
Miscellaneous buildings	136
Number of inspections during progress of work ...	4,549
Number of drains tested and retested	2,037

WORK CARRIED OUT UNDER THE SOUTHAMPTON CORPORATION ACTS AND BYE-LAWS, RELATING TO THE DRAINAGE OF EXISTING BUILDINGS.

During the year 134 notifications were received with respect to the repair and alteration of drainage in compliance with Section 11 of the above Bye-laws.

The following works were carried out and supervised by the Department after notification :—

Premises drained to the public sewer	74
Drains reconstructed	14
,, cleared and repaired	33
,, ventilated	8
Intercepting traps fixed	4
Inspection chambers constructed	17
New pans fixed	35
New soil pipes fixed	7
Bath, sink wastepipes, etc., disconnected from drains...	12
New traps fixed	23
Sanitary sinks provided	3
Water-closets reconstructed	14
Water laid on to closets	5
Cesspools abolished	74
Urinals reconstructed and provided with means of flushing	1

OFFENSIVE TRADES.

The following offensive trades are carried on in the Borough : Gut Scraper 1, Tallow Melter 1, Tripe Boiler 1, Dealers in Rags, Bones, etc., 8, Fish Friers 50, Dealer in Animal Skins 1.

Bye-laws relating to offensive trades came into operation during the year.

SLAUGHTERHOUSES.

There are 7 Registered and 19 Licensed Slaughterhouses in the Borough; 3,326 visits were made, and the premises generally kept in a satisfactory condition.

SLAUGHTER OF ANIMALS ACT, 1933.

Eighty-nine licences or renewals of licences to slaughter animals were granted in accordance with the provisions of the above Act.

PUBLIC HEALTH MEAT REGULATIONS, 1925.

Ninety-four pig carcases were marked in accordance with the provisions of the above Regulations. A fee is charged for the examination and marking of these carcases, which are exported to Jersey. Local butchers have made no application for the marking of carcases for home consumption.

FOOD.

In carrying out the systematic inspection of food, the following visits were made to premises where food is prepared, stored, or sold :—

Slaughterhouses	3,326
Butchers' Shops	2,352
Sausage Factories	520
Wholesale Stores, Markets, etc. ...	1,070
Fish Shops	732
Ice Cream Factories	386

Meat affected by tuberculosis condemned and destroyed :—

	Slaughter-houses.		Weight.
Whole carcases of beef ...	35	...	18,128-lbs.
Part carcases of beef ...	35	...	4,476-lbs.
Whole carcases of pork ...	33	...	3,691-lbs.
Part carcases of pork ...	7	...	251-lbs.
Pork heads	242	...	2,904-lbs.
Carcases of veal	2	...	160-lbs.

When tuberculosis is found in carcases at slaughterhouses, every endeavour is made to trace the original farm from which the animal came. If this can be ascertained, the Medical Officer of Health of the district in which the farm is situated is notified. He takes any action he may deem appropriate regarding the examination of the cows and the milk supply. During the year 1937, 40 notifications were sent to Medical Officers of Health, with the result that 5 cows in dairy herds were discovered to be suffering from tuberculosis. These animals were subsequently destroyed under the Tuberculosis Order, 1925.

The following is a summary of diseased or unsound meat destroyed during the year :—

BEEF.

Forty-four whole carcases, 38 part carcases, 310 livers, 171 heads and tongues, 233 lungs, 78 hearts, 87 mesenteries, 78 skirts, 70 tripes, 1,435-lbs. sundry pieces of beef.

Total weight, 40,975-lbs.

PORK.

Fifty-seven whole carcases, 9 part carcases, 242 heads, 286 plucks, 637-lbs. sundry pieces of pork.

Total weight, 10,793-lbs.

MUTTON AND LAMB.

Six whole carcases, 9 plucks, 86-lbs. sundry pieces.

Total weight, 376-lbs.

VEAL.

Six whole carcases, 6 plucks, 105-lbs. sundry pieces.

Total weight, 505-lbs.

Four instances of swine fever occurred in pigs sent to slaughterhouses. These were destroyed after report to and confirmation by the Ministry's Inspectors.

Two specimens taken from bovine carcases were examined at the Laboratory for anthrax, with negative results.

Miscellaneous food destroyed during the year :—

FISH.

378-lbs. codfish, 462-lbs. plaice, 378-lbs. halibut, 112-lbs. dogfish, 3,052-lbs. mackerel, 350-lbs. soles, 222-lbs. salmon and trout, 3,990-lbs. sprats, 462-lbs. bream, 280-lbs. megrims, 350-lbs.

skate, 504-lbs. roes, 840-lbs. dabs, 3,570-lbs. herrings, 1,652-lbs. wet fillets, 2,128-lbs. dry fillets, 2,786-lbs. haddock, 2,002-lbs. kippers, 718-lbs. mixed fish, 532-lbs. prawns, 245-lbs shrimps, 304-lbs. lobsters, 171-lbs. crabs, 672-lbs. periwinkles, 100-lbs. escallops.

Total, 26,260-lbs.

TINNED FOODS.

One hundred and sixty-five tins of meat, 138 tins of milk, 784 tins of fruit, 126 tins of fish, 1,092 tins of soup, vegetables, etc.

Total weight, 2,671-lbs.

MISCELLANEOUS FOODS.

Thirty-one rabbits, 16 fowls, 6 ducks, 20 dozen eggs, 29 gallons pickles, 396-lbs. biscuits, 84-lbs. tea, 40-lbs. coffee, 40-lbs. cocoa, 112-lbs. sugar, 400-lbs. flour, 56-lbs. beans, 112-lbs. peas, 40-lbs. rice, 28-lbs. cheese, 25-lbs. figs, 140-lbs. candied peel.

Total weight, 1,837-lbs.

During the year, samples of watercress from all known sources of supply, and sold within the Borough, were examined for typhoid bacilli, and in all cases negative results were obtained.

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

During the year 626 samples were taken by the Sanitary Inspectors and submitted to the Public Analyst.

One hundred and twenty were formally purchased in accordance with the Act, and 506 informal or test samples, 171 of the latter being milk.

Three formal and four informal samples were found to be adulterated.

Proceedings were taken in two cases, convictions obtained in one, and in the remainder the cases were dismissed, the magistrates accepting the plea that the milk was sold as yielded by the cows.

ARTICLE.	Number of Samples.	Genuine.	Adulterated.
Arrowroot	6	6	—
Aspirin	7	7	—
Baking Powder	6	6	—
Beef	1	1	—
Bicarbonate of Soda	3	3	—
Biscuits	6	6	—
Bismuth Lozenges	3	3	—
Borax	3	3	—
Brine	1	1	—
Butter	38	38	—
Calcium Lactate	3	3	—
Camphorated Oil	3	3	—
Canned Fruit	4	4	—
Castor Oil	3	3	—
Cheese	12	12	—
Cocoa	6	6	—
Coffee	6	6	—
Condensed Milk	12	12	—
Cream	12	12	—
Cream of Tartar	3	3	—
Custard Powder	6	6	—
Dried Milk	3	3	—
Eggs	1	1	—
Epsom Salts	3	3	—
Fish	1	1	—
Flour	2	2	—
Gregory Powder	3	2	1
Honey	3	3	—
Ice Cream	44	44	—
Iodine	8	6	2
Jam	9	7	2
Lard	18	18	—
Lard Substitute	1	1	—
Lemon Curd	3	3	—
Liquorice Powder	3	3	—
Liver	1	1	—
Margarine	28	28	—
Milk	286	283	3
Nux Vomica	3	3	—
Olive Oil	3	3	—
Pearl Barley	3	3	—
Pepper	6	6	—
Peroxide of Hydrogen	3	3	—
Rice	3	3	—
Sausage	14	14	—
Seidlitz Powder	3	3	—
Suet	3	3	—
Vinegar	6	6	—
Table Water	6	6	—
Tea	6	6	—
Watercress	3	3	—
Zinc Ointment	3	3	—
Totals	626	618	8

The following Table shows the number of articles analysed which were found to be adulterated, and the result of proceedings taken :—

No.	Date, 1937.	Article.	Adulteration.	Result of Proceedings.
96	Feb. 23	Jam	Prepared with less than 35% of fruit and not properly labelled	Test sample. See sample No. 120
120	Mar. 23	Jam	Prepared with less than 35% of fruit and not properly labelled	Vendor cautioned
240	May 25	Milk ...	1.66% deficient in fat ...	Test sample; subsequent samples taken and found genuine
352	June 26	Gregory Powder	Not prepared in accordance with the 1932 B.P.	Test sample. Vendor cautioned
420	July 29	Milk ...	10% deficient in fat	Fined 40/-
429	Aug. 3	Tinct. of Iodine	9.6% deficient in iodine	Test sample; subsequent samples taken and found genuine
453	Aug. 12	Milk ...	10.11% added water	Case dismissed, the magistrates accepting the plea that the milk was sold as yielded by the cow

MILK (SPECIAL DESIGNATIONS) ORDER, 1936.

Summary of samples taken under the above Order during the year 1937.

Designation.	No. of Samples Taken.	Complied with the "prescribed conditions."	Did not comply with the "prescribed conditions."	Average Fat.	Average Non-fatty Solids.
Tuberculin Tested Pasteurised	30	12	18	4.57	9.15
Tuberculin Tested ...	62	52	10	4.54	9.17
Pasteurised	100	75	25	3.72	9.02
Accredited	2	1	1	—	—

The percentage of "Tuberculin Tested Pasteurised" milk and "Pasteurised" milk samples which did not comply with the "prescribed conditions" of the "Order" is very high. The majority of these samples were the product of three dairies.

Two have recently been reconstructed, and the designation "Tuberculin Tested Pasteurised" has been discontinued by the other, also the designation "Accredited" is not now in use.

A sample of "Accredited" milk proved upon examination to be pasteurised. The vendors did not possess a licence to use the designation "Accredited." They were prosecuted under the Milk Act and fined the costs of the Court.

During the year the following licences were issued :—

Licence to produce and bottle Tuberculin Tested milk	1
Licence to bottle Tuberculin Tested milk ...	3
Licence to Pasteurise milk	4
Licence to sell Tuberculin Tested milk	5
Licence to sell Pasteurised milk	13
Licence to sell Accredited milk	1

MILK AND DAIRIES ACTS (ELIMINATION OF TUBERCULOUS DAIRY COWS).

During the year there were 8 premises on which approximately 140 dairy cows were kept. All cows were clinically examined twice during the year by a Veterinary Surgeon. It was not considered necessary to submit any animal to the tuberculin test. Two cows kept on the same premises, however, were considered to have clinical symptoms of tuberculosis. They were slaughtered under the Tuberculosis Order.

The milk from each herd was sampled twice during the year, and a total of 39 samples were taken. The samples were tested both microscopically and by means of guinea pig inoculation. Six samples of milk originating from herds outside the Borough were also examined.

The results of the examinations were as follows :—

Total No. of Samples Taken.	Negative T.B.	Positive T.B.	No Result Obtained.
45	41	2	2

One of the positive T.B. results was obtained from a bulk sample of milk which included the milk of the two above-mentioned cows, which were slaughtered under the Tuberculosis Order. The other positive T.B. result was obtained from a bulk sample (9 cows) on the 16th August, 1937. The Veterinary Inspector made a clinical examination of these 9 cows, but could not diagnose T.B. During the period October–December a sample of each cow's milk was submitted to microscopical and pathological examination, but T.B. was not discovered. On 23rd February, 1938, however, the owner of these cows reported as required by the Tuberculosis Order, that he suspected T.B. in one of his cows. This was confirmed by the Veterinary Inspector and the cow was destroyed.

A "certified herd" of dairy cows kept within the Borough has not been taken into consideration for the purpose of the above figures.

MILK AND DAIRIES (CONSOLIDATION) ACT, 1915, and THE MILK AND DAIRIES (AMENDMENT) ACT, 1922.

There are now 165 purveyors of milk, including 7 cowkeepers, registered in the Borough.

The total includes 43 purveyors of milk who reside outside the Borough.

Particulars.	Town Proper.	Shirley, Freemantle, and Millbrook.	Portswood and Bitterne Park.	Bassett and Swaythling.	Woolston, Itchen and Bitterne.	Outside the Borough.	Total
Number of Cowkeepers on Register	...	2	...	2	3	...	7
Number of Purveyors of Milk on Register	54	29	12	4	16	43	158
Number of Purveyors of Milk registered during the year ...	4	...	1	...	...	1	6
Number of Cowkeepers registered during the year	...	...	...	...	...	...	...

NUISANCES ABATED IN DAIRIES, COWSHEDS AND MILKSHOPS.

Milkshops cleansed and whitewashed	160
Dairies ,, ,, ...	70
Cowsheds ,, ,, ...	34
Dairies' paving repaired	4
Dairies	1
Eaves, guttering, and stackpipes repaired ...	2
Drains cleared and repaired or relaid	1
Total ...	272

HOUSES LET IN LODGINGS.

There are seven houses in the Borough registered under the Bye-laws relating to Houses Let in Lodgings.

Three registered Houses came within a Clearance Area and closed down.

Eighty-six visits were made, and the houses generally were kept in conformity with the Bye-laws.

COMMON LODGING HOUSES.

There are six Common Lodging Houses in the Borough with registered accommodation for 390 persons.

Applications for registration were made previous to the 31st December by the registered keepers, in accordance with the provisions of the Southampton Corporation Act, 1910.

Two hundred visits were made during the year, and the premises generally were kept in a satisfactory condition.

FACTORY AND WORKSHOP ACTS.

SUMMARY OF VISITS DURING YEAR 1937.

Factories	115
Workshops and Workplaces	1,262
Bakehouses (including Factory Bakehouses) ...	588
Laundries (including Factory Laundries) ...	39
Visits *re* sanitary matters	2,577
Total	4,581

Reports received from H.M. Inspector of Factories during the year, viz. :—

Nature of Report.	No. Sent in.	Action Taken.
Absence of sanitary conveniences	1	Sanitary conveniences provided on verbal notice.
Sanitary defects	5	Defects remedied.
Total	6	

Seven notifications have been sent to H.M. Inspector of Factories during the year respecting new Workshops, or infringements of the Factory and Workshop Acts.

Fourteen Workrooms have been measured during the year.

BAKEHOUSES.

There are 83 Bakehouses on the Register, 61 being Factories and 22 Workshops. Seventy-seven of these were in use at the end of the year, and six were unoccupied.

They give employment to 322 males and 34 females, in addition to those employed as shop assistants, roundsmen, etc.

Five hundred and eighty-eight visits of inspection were made during the year, and 23 nuisances abated.

All occupied Bakehouses were re-limewashed twice during the year in accordance with the Regulations.

LAUNDRIES.

There are 29 Laundries on the Register, all of which use mechanical power.

Thirty-nine visits of inspection were made during the year, and four nuisances have been abated.

In addition to the foregoing, 2,577 visits have been made during the year, comprising re-visits to Factories, Workshops, Workplaces, Bakehouses and Laundries, serving of notices, investigation of complaints of nuisances, and various other matters.

HOMEWORK.

During February 29 lists were sent in containing the names and addresses of 64 Outworkers, and during August 33 lists containing the names and addresses of 73 Outworkers.

Of the 73 names received in August, 16 occupy premises registered as workshops, and of the remainder (57), 55 work on wearing apparel, and 2 on upholstery needlework.

The names and addresses of the Outworkers living outside the Borough have, in accordance with Section 107 of the Factory and Workshop Acts, been forwarded to the Authorities of the District in which they reside.

Forty-one visits of inspection have been made during the year.

NUISANCES ABATED.

The number of nuisances abated during the year was 163, viz. :—Factories 44; Workshops and Workplaces 92; Bakehouses 23; and Laundries 4.

NUISANCES ABATED DURING THE YEAR.

	Factories.	Workshops.	Workplaces.	Bakehouses.	Laundries.	Totals.
Drains relaid, trapped and ventilated ...	...	1	3	...	...	4
,, cleared or repaired	...	6	3	1	...	10
,, inspection chambers constructed	...	1	...	...	...	1
,, manhole covers renewed or repair'd	...	1	...	...	...	1
Sanit'ry conveniences provided to premises	1	...	2	...	...	3
Water Closets :—pans cleansed	1	1	1	...	...	3
,, ,, new pans fixed ...	...	2	...	...	...	2
,, ,, cisterns, flush pipes, etc., fixed	...	2	...	1	...	3
,, ,, intervening ventilated spaces provided	...	1	1	...	...	2
,, ,, seats, doors, floors, or roofs repaired	11	2	1	1	...	15
,, ,, cleansed and limewashed	...	4	...	3	...	7
Accumulations of rubbish removed ...	1	5	4	4	...	14
Premises limewashed	13	18	6	5	3	45
Smoke nuisances abated	3	1	...	...	1	5
Roofs repaired	1	2	...	...	...	3
Walls repaired	...	5	1	...	...	6
Ceilings repaired	1	3	...	1	...	5
Floors repaired	1	4	...	4	...	9
Doors repaired	...	4	...	...	...	4
Chimneys repaired	...	...	1	...	...	1
Rainwater stacks repaired...	1	1	2	1	...	5
Additional ventilation provided	...	...	...	2	...	2
Floors cleansed	10	...	...	...	...	10
New sink wastes fixed	...	...	1	...	...	1
New sanitary dustbins provided	...	...	2	...	...	2
Totals ...	44	64	28	23	4	163

THE RAG FLOCK ACTS, 1911 and 1928.

There are no premises in the district in which rag flock is manufactured. Bedding manufacturers and upholsterers obtain their supplies from factories outside the Borough. Inspections are made and samples taken of these supplies by the Workshops Inspector.

Six samples were taken during the year and submitted to the Borough Analyst, the result being as follows :—

No. of Sample.	Result of Analysis.			
1	Chlorine as Chlorides,	7.5	parts per	100,000
2	,, ,,	13.75	,,	,,
3	,, ,,	12.5	,,	,,
4	,, ,,	10.0	,,	,,
5	,, ,,	5.0	,,	,,
6	,, ,,	16.2	,,	,,

NOTE.—The limit of Chlorine permitted by the Act is 30 parts per 100,000.

SHOPS ACTS, 1912 to 1936.

During the year 2,781 visits of inspection have been made under the Acts, and the following prosecutions were taken for contraventions :—

Date.	Initials of Defendant.	Nature of Offence.	Result.
4/1/37	E. E.	Selling non-exempted articles after closing hour	Fined 5/-
26/4/37	A. J. S.	Ditto ditto ditto	Fined 10/-
26/4/37	W. C. M.	Ditto ditto ditto	Fined 10/-
3/11/37	W. T. L.	Ditto ditto ditto	Fined 10/-

In addition 326 verbal warnings were given to various shopkeepers during the year for offences under the Shops Acts, 1912 to 1936, and for contraventions of the various Closing Orders in operation in the Borough.

The two following Tables are inserted by request of the Secretary of State.

FACTORIES, WORKSHOPS AND WORKPLACES.

1.—INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

Including Inspections made by Sanitary Inspectors.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Occupiers prosecuted. (4)
Factories ... ... (including Factory Laundries)	644	1	...
Workshops ... ... (including Workshop Laundries)	770	5	...
Workplaces ... ... (Other than Outworkers' Premises)	590	3	...
Totals	2,004	9	...

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS AND WORKPLACES.

Particulars. (1)	Number of Defects.			Number of Offences in respect to which Prosecutions were instituted. (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
NUISANCES UNDER THE PUBLIC HEALTH ACTS :—*				
Want of cleanliness	65	65	...	...
Want of ventilation	4	4	...	...
Overcrowding	...	...	...	...
Want of drainage of floors... ...	9	9	...	...
Other nuisances	62	62	...	...
Sanitary accommodation — insufficient ...	3	3	...	...
Sanitary accommodation — unsuitable or defective ...	20	20	...	...
Sanitary accommodation — not separate for sexes ...	...	...	...	...
OFFENCES UNDER THE FACTORY AND WORKSHOP ACTS :—				
Illegal occupation of underground bakehouse (s. 101)	...	...	...	...
Other Offences ... ... (Excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921).	...	...	...	...
Totals	163	163	...	...

* Including those specified in Sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

3.—OUTWORK IN UNWHOLESOME PREMISES, Section 108.

NIL.

County Borough of Southampton.

ANNUAL REPORT

ON THE

HEALTH

OF THE

PORT OF SOUTHAMPTON

For the Year 1937,

BY

H. C. MAURICE WILLIAMS, M.R.C.S., L.R.C.P., D.P.H.,

Port Medical Officer of Health and Medical Inspector of Aliens.

STAFF OF THE SOUTHAMPTON PORT HEALTH AUTHORITY.

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*H. C. Maurice Williams, M.R.C.S., L.R.C.P., D.P.H.,
Port Medical Officer of Health and Medical Officer of Health for the County Borough of Southampton.

*G. E. B. Payne, M.D., D.P.H.
Deputy Port Medical Officer of Health and Deputy Medical Officer of Health for the County Borough of Southampton.

*S. Chalmers Parry, M.A., M.R.C.S., L.R.C.P., D.P.H.
Assistant Port Medical Officer of Health, and Assistant Medical Officer of Health for the County Borough of Southampton.

* (Also acts as Inspector of Aliens.)

W. H. J. Hurst, Chief Port Sanitary Inspector. C.R.S.I.
Certificate Meat and Foods.

§C. P. C. Parker, Food Inspector. C.R.S.I.
Certificate Meat and Foods.

†P. Mansfield, Assistant Port Sanitary Inspector. C.R.S.I.
Certificate Meat and Foods.

‡E. Matthews, Assistant Port Sanitary Inspector. C.R.S.I.

T. J. Richards, Assistant Port Sanitary Inspector. C.R.S.I.

†T. C. H. Rogerson, Assistant Port Sanitary Inspector. C.R.S.I.

†W. S. Bruce, Assistant Port Sanitary Inspector. C.R.S.I.

Miss D. C. E. S. Flaherty, Aliens' Inspection Nurse, S.C.M.
Holds Health Visitors' Certificate of the Royal Sanitary Institute.

A. E. Gardner, Clerk.

W. Gayton, Launchman.

† B.O.T. Master Mariner's Certificate.
‡ B.O.T. Chief Engineer's Certificate.
§ Certificate Naval Architecture.

Southampton Port Health Authority.

ANNUAL REPORT

FOR THE

Year ended 31st December, 1937,

By

H. C. MAURICE WILLIAMS, M.R.C.S., L.R.C.P., D.P.H.,

Port Medical Officer of Health and Medical Inspector of Aliens.

To the Chairman and Members of the
Port Health Committee.

Ladies and Gentlemen,

I have the honour to present my report on the Port Health Service in Southampton for the year 1937.

The Port and Harbour of Southampton are controlled by the Southampton Harbour Board as constituted by the Southampton Harbour Act, 1913.

The Port Health Authority, which was permanently constituted by an Order of the Local Government Board, dated June 8th, 1893, is "the Mayor, Aldermen, and Burgesses of the Borough of Southampton acting by the Council." It exercises Port functions in waters abutting upon the County Borough of Southampton, the Urban Sanitary District of Fareham, and the Rural Districts of New Forest, Romsey and Stockbridge, and Winchester.

Since the first day of October, 1935, when the Southampton Port Sanitary Order, 1935, came into force the Southampton Port Sanitary Area was further increased, and the Mayor, Aldermen, and Burgesses acting by the Council are constituted permanently the Port Sanitary Authority for the district. The new area is now defined :—

> A straight line from Stone Point to East Lepe Buoy, thence in a straight line to Gurnard Ledge Buoy, thence in a straight line to a point one cable north of Egypt Point, thence in a straight line to Prince Consort Shoal Buoy, thence in a straight line to Old Castle Point Buoy, thence in a straight line to the most northerly point of Ryde Pier,

> thence in a straight line to the junction of the Western and Southern boundary of the Portsmouth Port Sanitary Authority, thence in a straight line to the most southerly point of the pier of the Southern Railway at Stokes Bay, thence in a straight line to the Lee Point Sewer Buoy, thence in a straight line to Hill Head ; together with the waters of those parts of the said Customs Ports within such limits, and all docks, basins, harbours, quays, wharves, creeks, rivers, channels, roads, bays, and streams within those parts of the said Customs Ports, and the places which may from time to time be appointed as the Customs boarding station or stations for those parts of the said Customs Ports, and the places for the time being appointed for the mooring or anchoring of ships for those parts of the said Customs Ports under any regulations for the prevention of the spread of diseases issued under the Authority of the statutes in that behalf and for the purposes of any such regulations as aforesaid shall also extend to any ship which in pursuance thereof or of any directions given thereunder shall be moored or anchored at the place appointed thereunder as aforesaid, or which shall be on its way thither.

During the year the administration of the new Order has given rise to no unforeseen difficulties, and the area, although increased in size, has not in fact actually increased the number of visits paid to ships, since it was the practice for the medical and sanitary staff, prior to the alteration, to visit ships coming within what is now the Port Health Area. However, the legal power for enforcing any regulations has been strengthened by the extension of the area, thus giving the Authority power in such matters as the correction of defects in ships and the disposal of infectious cases.

The Public Health Act, 1936, which came into force on the 1st October, 1937, changed the titles of all Port Sanitary Authorities to Port Health Authorities. The Act also provides for an Order to be made constituting a Port Health District under the control of the Authority with jurisdiction over all the waters within the area of the Southampton Port Sanitary Order, 1935, and assigns to the Port Health Authority any of the functions of a Local Authority, contained in the Public Health Act, 1936. The provisions contained in Section 267 of the new Act enumerate the powers of a Port Health Authority in dealing with ships. These provisions, generally speaking, deal with the prevention and notification of infectious diseases and sanitary nuisances. Further, the Local Authority is now empowered to deal with a nuisance caused by any funnel or chimney of a sea-going ship "giving forth black smoke in such quantity as to be a nuisance." The inclusion in the Act of this provision will be of a great assistance to the department in dealing with ships which cause an unnecessary amount of smoke, especially in lighting up their furnaces, with the result that annoyance is caused by the diffusion of smoke to residents living in those parts of the town in close proximity to the Docks. It is proposed to deal with offenders in the first instance by giving a warning, and, if the offence re-occurs, by serving a statutory notice.

It is of interest to compare the year 1937 with the previous year regarding the number of vessels landing passengers by tender in Cowes Roads and Southampton Water, and also the number of passengers landed from such vessels. In 1937 the number of vessels was 441 and the number of passengers 27,726, as compared with 418 vessels and 28,009 passengers in 1936.

It is thus seen that there is actually an increase in the number of ships, yet a decrease of 283 passengers. The total number of ships entering the Port and the number of passengers landed during the year shows an increase on 1936, the number of ships being 16,756, as compared with 16,481, and 328,210 passengers were landed, as compared with 326,409.

The Port Health Staff continue to keep a close watch for cases of infectious disease on vessels entering or leaving the Port. Fortunately we have for many years been free from any of the major infections. There were 15 cases of enteric fever notified on vessels arriving during the year ; the majority were brought in on troop ships, and were in a convalescent state on arrival.

The number of persons notified as suffering from tuberculosis in 1937 was 137. The majority of the cases were in a fit state to travel to their homes, and only a few were admitted to the Local Authority's hospitals. In last year's Report I included statistics showing the incidence of tuberculosis amongst members of the crew. This year I have included a similar table. On comparing this year's findings with those of last year, it is seen that approximately 60% of cases occurred amongst seamen and engine room ratings, whereas in 1936 the number was 25%. Thirty-eight per cent. occurred amongst the catering department in 1937, whereas in 1936 the percentage was 20. It will be realised that it is unwise to base any opinion on returns covering such a short period.

The Government of this and other countries have given serious consideration to the question of a major infectious disease being introduced by passengers travelling by aircraft. The short periods now taken to travel between this country and countries where major infections, such as plague, cholera and small pox, are endemic might result in a patient being landed during the incubation period before the disease has manifested itself. As the speed of aircraft increases, so will this danger become more evident. The Government intend introducing regulations somewhat on the lines of those applicable to vessels whereby passengers will be kept under surveillance until the incubation periods of these diseases have expired.

During 1936 only one flying boat arrived, but in 1937, 219 flying boats arrived disembarking 1,886 passengers.

Passport and Medical inspection is carried out at Berth 9 on the premises where the Southern Railway passenger boats from Havre regularly dock.

The local Airport, near Eastleigh, made arrangements to receive aircraft from foreign countries, and in conjunction with the Airport Manager, the Port Health Staff is informed of such arrivals, and the necessary arrangements are made to deal with the medical inspection of alien passengers.

The following table shows the number of aeroplanes arriving and departing at the Southampton Airport :—

		Passengers.	
	Aeroplanes.	British.	Aliens.
Number arriving ...	2,801 ...	13,543	28
Number departing ...	2,814 ...	11,693	2

At present no definite rooms have been allocated for medical inspection of aliens, but should the necessity arise one of the rooms occupied by H.M. Customs could be used.

This year one parrot arrived by air at the Airport and was seen in accordance with the Psittacosis Regulations.

Medical inspection under the Aliens Order, 1920, was continued as in previous years by the Medical Inspectors of Aliens. Special attention has been paid to those passengers arriving from Spanish ports, and to those who were coming to take up appointments and permanent residence in this country.

The main event of note that occurred in the Port during the year under review was the arrival of the " Habana " with 4,000 Basque children from Bilbao. I have included in this introduction a description of the arrangements that were made for the disembarkation of these children and their subsequent medical examination. I would like to thank my own staff and a number of voluntary workers, who so actively co-operated with the Department in facilitating the landing of these children with the minimum delay, and I would also like to express my thanks to the Chairman and Manager of the Baths Committee for so kindly allowing us to use the Public Baths for the purpose of cleansing those who needed such treatment prior to being dispatched to the camp.

THE ARRIVAL OF S.S. "HABANA" FROM BILBAO.

The steamship "Habana" arrived on the 22nd May, 1937, at Southampton with 4,056 refugee children on board from Bilbao. I include in detail an account of the method of handling this large number of children on arrival.

It is, therefore, of some public health interest to record the procedure adopted by the Southampton Port Medical Service in dealing with this vessel, and the disembarkation of the children to the camp that had been prepared for their reception at North Stoneham, on the outskirts of Southampton.

The first official notification of the vessel's departure from Bilbao was received during the morning of Friday, the 21st May, when the expected time of arrival was given as late on Saturday.

Conferences had therefore to be arranged on the Friday and on Saturday morning with the Immigration and Customs Authorities, the National Committee for Spanish Relief, the Southern Railway, and the Shipping Agents, to discuss various details connected with the vessel's arrival.

On Saturday morning a wireless message from the vessel was received giving the state of health on board, and this message indicated that the children were suffering from severe sea-sickness. In accordance with Section 6 of the Port Sanitary Regulations, 1933, the Master of a foreign-going ship is obliged to notify by wireless, either direct or through his agents, to the Port Health Authority of an approved port the presence of any condition requiring their attention, and this message must be received not more than twelve and not less than four hours before the ship arrives in the Port Health area.

Instructions were given to the pilot to anchor off Fawley, in Southampton Water, and there await the arrival of the Port Medical Officer.

At 5 p.m. on the Saturday the "Habana," escorted by a British destroyer, was signalled off the Needles, and on receipt of this information the Port Health staff, accompanied by Customs and Immigration officials, left the Docks in the Port Sanitary launch to board her as arranged. Another launch followed with supplies of milk, glucose, meat extracts, and medical requisites.

It was an extraordinary spectacle to see a vessel, normally capable of carrying between 400 and 500 passengers, steaming up Southampton Water with every inch of her decks covered with human beings. Even more extraordinary were the conditions found on board. Children all herded together in the public rooms, in the alleyways, and on all the decks. Some lying rolled in blankets, others running about the ship screaming, and a few, cool and complacent, appeared to accept the circumstances of their arrival in a strange land, parted from their parents, without any emotion.

It was with some difficulty that we were able to reach the ship's hospital to see a boy of 12, who, later the same evening, was removed by launch and ambulance to the Borough Hospital for an operation on a strangulated testicle.

After consultation with the two English doctors who had made the selection and carried out a detailed examination of the children prior to embarkation, and who had travelled on the ship from Bilbao, we were satisfied that no infection of a major character existed on board, and therefore modified pratique was granted to the ship, permitting her to proceed to an inner Mooring Station next morning for a detailed medical inspection of persons on board.

Suitable accommodation had to be found for the purpose of carrying out this medical inspection, and this was no easy matter to find suitable accommodation with so many persons on board. It was, however, decided to use the two main saloons, which were roped off to provide two entrances, and one exit on to the main gangway. Details as to the situation of the Medical Officers' examining cubicles, the provision of screens and other equipment, were matters that had to be considered on this occasion.

After lying off Fawley for the night, the " Habana " steamed up Southampton Water to Berth 106 in the New Docks, at 8 a.m. on the Sunday.

Hundreds of the public, with Press representatives and photographers, had collected along the quay, but no person without an official pass issued by the Port Health Authority was permitted to enter that part of the quay or go on board. The names and addresses of all who were given these official passes were recorded, in order that the Health Authorities throughout the country might keep them under surveillance in the event of any major infection being discovered amongst the persons on board.

The gangway was fixed, and the medical, nursing, and sanitary personnel of the department proceeded on board.

Accompanying the children, there was one female adult to approximately every 20 children. It was, therefore, thought expedient to arrange for these adults to be examined before we commenced on the inspection of the children, in order that they might be instructed to marshal the children in groups of 20, as far as possible according to age and sex.

The saloons were then cleared of all, except those taking part in the medical and immigration inspection, and within half-an-hour the children were lined up in queues and the inspection commenced. Nine Medical Officers of the department, each in a separate screened cubicle, took up their positions in the line of the queue. A Health Visitor assisted each Doctor by stripping the children to the waist. The child was then examined, with special attention paid to an examination of the eyes for trachoma, the head for ringworm, lice or nits, the skin for rashes and lice. The heart and lungs were also examined in detail to decide on those fit to live under canvas.

On completion of the examination, each child was dressed by a Health Visitor and passed on in the queue to a Sanitary Inspector, who stamped the identification card attached to each child, indicating that the child had been medically examined. In addition, he also tied a coloured tape on the child's left wrist, which served as a code as to the destination of the child. White tape indicated " clean " and allowed the child to proceed direct to camp. Red tape indicated " verminous," and to proceed to the Corporation Baths for de-lousing. Blue for " infectious or contagious " conditions, to proceed to the Isolation Hospital or other institution. Blue and white tapes for any other condition requiring general hospital treatment.

After the medical inspection was completed, the child was passed on to the Immigration Officer, who stamped the disc with his official stamp, and the child then proceeded down the main gangway, at the foot of which Sanitary Inspectors and Health Visitors collected them into groups according to the colour of the tapes, and arranged for their immediate disposal in the following ways :—

Clean children went direct by motor omnibuses to the camp. Verminous children were taken in lorries to the Corporation Baths for de-lousing, and the Hospital cases were transported by the Corporation ambulances to the appropriate institutions.

The Medical Officers were surprised to find that the big majority of children showed no marked signs of malnutrition, although most of them had for months lived in Bilbao on fish and black bread, and had spent the days and many nights herded together in bomb-proof shelters.

The Public Medical Services in this particular province of Spain, according to the information obtained from the two English Medical Officers, is of a very high standard.

Many of the children were thin, but the general impression gained, especially before they stripped, was that they were, generally speaking, an alert, intelligent group of children, who compared favourably in physique with our own children. The clothing was generally very good, and removing the clothing of the verminous ones led to a great deal of weeping when it was taken away from them for disinfection.

At the Corporation Baths we were allowed to use 40 of the slipper baths, and with the assistance of many voluntary and willing helpers, together with twelve barbers, 712 of the children were de-loused and fitted with a complete set of clothing, the latter supplied by the Spanish Relief Committee.

At 7 p.m., on the Sunday, medical inspection ceased for the day, the Medical Staff having worked continuously for ten hours, and we had disposed of 3,278 children. On the following morning the remainder were examined, and completed by 11 a.m.

My department received very great assistance from many voluntary workers, and the National Committee for Spanish Relief in providing transport, etc. It was only by the co-operation and hard work of all concerned that we were able to accomplish, what I believe is a record in the annals of the Port Medical Service, the detailed examination of 4,056 children in twelve hours.

The number of children who were bathed was actually 712. This also included the disinfection of their clothes. The remaining number were admitted direct to the camp and the Borough Hospital.

As a result of this large influx of children to the outskirts of Southampton, the Local Authority in whose area the camp was situated had only a limited amount of accommodation for fever cases. It was agreed that Southampton should provide accommodation for cases of typhoid fever and scarlet fever, if necessary, and that another Authority should be responsible for other infectious diseases.

It was also arranged that pathological specimens should be examined by the Pathologist at Southampton, and that should any typhoid fever cases be observed clinically, a specimen of the stool should be examined bacteriologically. If any non-lactose fermenting colonies were present, the case should be admitted to the Isolation Hospital for further diagnosis, in order that the source of infection might be easily and quickly removed from the camp. Further it was arranged that children suffering from medical illnesses could be accommodated at the Borough Hospital.

The number of pathological specimens examined was eight blood examinations for widal tests, and one of these subsequently proved to be positive. Ten examinations of stools were carried out, and one was found to be positive as regards being a non-lactose fermenter. Two Wasserman reactions and two examinations of urine were carried out.

Of the cases of typhoid fever admitted to the Isolation Hospital, two were transferred from the Borough Hospital, having been admitted there as gastro-enteritis. The remaining five cases were admitted from the camp and Moorhill, and of this number two were not proved to be typhoid fever. These two cases were admitted because of the presence of non-lactose fermenting organisms in the stools. This was the arrangement made in order to have any suspicious case under observation as quickly as possible.

Of the eight cases admitted as scarlet fever from the camp, one, which was admitted on the 25th May, 1937, was not considered to be scarlet fever, as it gave a negative schultz-carlton reaction. Of the six cases admitted as diphtheria to the Isolation Hospital, two were definitely throat carriers, developing no membrane, but suffering only with a sore throat. The remaining four had clinical symptoms of nasal diphtheria, but these, following bacteriological examination, were not proved to be positive diphtheria cases.

I should like to take this opportunity of thanking the Chairman and Members of the Public Health Committee for their kindness and support, and also to the various Government and Port Officials for their ready co-operation with the department in carrying out the work entrusted to the Port Health Authority.

I am, Ladies and Gentlemen,

Your obedient Servant,

H. E. Maurice Williams.

Port Medical Officer.

PART I.

Sections I to VII, Tables A to J, are prepared in the form and sequence requested by the Ministry of Health in Memo. 174/S.A.

Part II gives in further detail the work connected with Port Sanitary Administration.

Section I.—AMOUNT OF SHIPPING ENTERING THE PORT DURING THE YEAR 1937.

TABLE A.

The following table shows the number and tonnage of vessels entering the Port during the year, and the number inspected.

—	Number.	Net Tonnage.	Number Inspected.		Number reported to be Defective.	Number of Vessels on which defects were remedied.	Number of Vessels reported as having, or having had, during the voyage infectious disease on board.
			By the Medical Officer of Health.	By the Sanitary Inspector.			
From Foreign—							
Steamers ...	2,681	11,394,176	754	1,432	98	85	166
Motor ...			126	420	13	10	52
Sailing ...			...	...	...	...	...
Fishing ...			...	...	...	...	...
Flying Boats			129	208	...	...	2
Total Foreign...	2,681	11,394,176	1009	2,060	111	95	220
From Coastwise—							
Steamers ...	14,075	1,946,116	11	539	57	34	2
Motor ...			1	383	33	22	1
Sailing ...			...	28	...	...	...
Fishing ...			...	...	...	...	...
Total Coastwise	14,075	1,946,116	12	950	90	56	3
Total Foreign & Coastwise	16,756	13,340,292	1021	3,010	201	151	223

NOTE.—Of the 1,021 vessels visited by the Medical Officer of Health, 116 were boarded by the Medical Officer of Health alone, and 885 were boarded by both Medical Officer of Health and Sanitary Inspectors.

Section II.—CHARACTER OF TRADE OF PORT.

TABLE B.

(A) PASSENGER TRAFFIC DURING 1937.

Number of Passengers.	Places out of Europe.				Continent of Europe.	Channel Islands.	Transmigrants.
	1st Class.	2nd Class.	Tourist Class.	3rd Class.			
Inwards	13,728	49,535	43,254	29,798	171,997	92,029	2,321
Outwards	16,017	32,292	40,669	20,170	160,216	89,028	8,422

NOTE.—The figures given in the above table are exclusive of the number of persons travelling on pleasure cruises between the United Kingdom and places out of Europe, as particulars of this class of travel of these passengers are not required to be furnished.

(B) CARGO TRAFFIC.

Principal Imports: Meat, butter, cheese, cocoa, coffee, grain, sugar, fruit and vegetables, hides, skin, and wool.

Principal Exports: Manufactured articles, machinery, etc.

(C) FOREIGN PORTS FROM WHICH VESSELS ARRIVE.

Ports in Europe, North and South America, Asia, Africa, Australia, and various other Ports throughout the world.

Section III.—SOURCE OF WATER SUPPLY.

(A) FOR THE PORT. (B) FOR SHIPPING.

The water supply to the Port and for vessels is the same as supplied to the Town of Southampton. This water is derived from deep wells sunk into the chalk at Otterbourne, Twyford, and Timsbury.

Samples of water are taken from time to time to ensure that the supply is chemically and bacteriologically pure.

The Southampton Corporation supplies water to the whole of the Docks, and mains are available at every berth for supplying the vessels.

There are hydrants for the supply of water at the Town Quay, Shell-Mex and Agwi Jetties, and at the wharves at Eling, Redbridge, and on the River Itchen.

This is an appropiate heading to draw attention to the observed methods adopted on board ship for "sounding the water tanks." The process of sounding a ship's water tanks as witnessed by one of my Port Medical Officers was briefly as follows :—

> The inlets to the water tanks were situated on the promenade deck about one foot above the scuppers. The ship's carpenter opened the inlet valve and inserted the sounding line, a portion of which fell upon the deck, the lower length having previously been marked with a piece of chalk. The latter was to distinguish more easily the part of the line that became wet in estimating the depth of the water. Further when the line was removed some fell upon the deck and into the scuppers and then the line was held across the lips in order to detect the exact site of dampness on the line. This appears a very unhygienic and clumsy way to test the depth of water in the tank. One feels that ship designers should have found a better means of estimating the amount of water in the tank.

For vessels which do not berth, there are seven water boats equipped for supplying fresh water.

(c) NUMBER OF WATER BOATS AND THEIR SANITARY CONDITION.

There are three water boats exclusively used as such, namely : Ariel, 20 tons ; Aquator, 200 tons ; and Test, 80 tons.

In addition, the following are equipped for this purpose, and are used if required as water carriers :—Beaulieu, 18 tons ; Flying Kestrel, 154 tons ; Haulier, 60 tons ; and Romsey, 100 tons ; they are primarily used as tugs.

All these boats have been kept under strict supervision during the year, and were found to be in a satisfactory condition.

During the year 22 samples of water were taken from ships entering the Port, of this number 16 were satisfactory and 6 unsatisfactory. The tanks in the latter vessels were cleansed and cement washed on reporting the unsatisfactory state to the respective owners.

Section IV.—PORT SANITARY REGULATIONS, 1933.

1. ARRANGEMENTS FOR DEALING WITH "DECLARATION OF HEALTH."

The following routine has continued to work satisfactorily throughout the year :—

(a) That where a vessel is first boarded by an officer of the Port Health Authority, that officer shall retain the "Declaration of Health," and leave an "All Clear" Certificate on board for the Customs Officer.

(b) That where an officer of Customs and an officer of the Port Health Authority board a vessel together, the latter officer shall take the " Declaration of Health," and hand the " All Clear " Certificate to the Customs Officer.

(c) That where a vessel is first boarded by a Customs Officer, that officer shall take the " Declaration of Health," and forward it to the Port Health Authority as soon as possible, and the officer of the Port Health Authority receiving the " Declaration of Health " shall sign a receipt, if required.

Where a vessel has been boarded by an officer of H.M. Customs prior to the visit by an officer of the Port Health Authority, a form is left with the Master indicating the condition reported on the " Declaration of Health," and stating whether the vessel has been :—

(a) Granted full pratique.

(b) Granted modified pratique.

(c) Or detained for inspection by the Port Medical Officer.

Vessels which trade exclusively within the " Home Trade " limits are not required to present a " Declaration of Health " but the Southampton Port Health Authority request them to complete a Blue Medical Certificate, giving essential particulars regarding infectious disease (actual or suspected) on arrival.

2. BOARDING OF VESSELS.

All vessels which berth within the Docks, and all vessels anchoring elsewhere and landing passengers by tender at this Port, are boarded on arrival by an officer of the Port Health Authority and H.M. Customs.

Other vessels which berth outside the Docks are boarded by H.M. Customs, and, if requiring attention, are dealt with later by the Port Health Authority.

All vessels which arrive from any foreign port or seaboard which is included in the list prepared pursuant to the provisions of Article 11, and any vessels which have had a case of infectious disease during the voyage are visited by one of the Port Medical Officers.

Regular rounds are made by the staff in the Port Health launch to deal with vessels which anchor in Southampton Water, or in the Rivers Itchen and Test.

The flying of distinguishing flags on the Port Medical Officer's launch has been continued, and has facilitated the work of boarding vessels lying outside the Docks.

3. NOTIFICATION TO THE AUTHORITY OF INWARD VESSELS REQUIRING SPECIAL ATTENTION (WIRELESS MESSAGES, LAND SIGNAL STATIONS, INFORMATION FROM PILOTS, CUSTOMS OFFICERS, ETC.).

The Minister of Health, by notice published in the " London Gazette," 31st October, 1933, declared that the provisions of Article 6 of the Port Sanitary Regulations, 1933, shall apply to the Southampton Port Sanitary district as from 1st February, 1934.

The section in question reads as follows :—

" 6. (1) Where the Minister has by notice published in the 'London Gazette' declared that the provisions of this Article shall apply to any district specified in the notice, the Master of any foreign-going ship fitted with a suitable wireless transmitting apparatus, on approaching such a district from a foreign port, shall, if any person on board has symptoms which may be indicative of infectious disease other than tuberculosis, or if there are any circumstances requiring the attention of the Medical Officer, send to the Port Health Authority a wireless message embodying such of the information set out in the Second Schedule to these Regulations as are applicable.

" (2) Any wireless message so required to be sent so as to reach the Port Health Authority not more than twelve, and not less than four hours, before the time at which the ship is expected to arrive in the district.

" (3) Any wireless in wireless code delivered to the Port Health Authority shall, unless otherwise provided in the notice published pursuant to paragraph (1) of this article, conform with the section relating to the 1931 International Code of Signals."

Arrangements have been made for the reception (and de-coding, if necessary) of wireless messages sent direct to the Port Health Office in the Docks, and the telegraphic address of " Portelth Southampton " has been registered by the Post Office.

Wireless messages are also received through agents approved by the Port Health Authority. Before this approval is given, however, agents are required to furnish evidence that they possess facilities for receiving such messages at all times of the day or night, and can undertake prompt transmission to the Port Health Office of any messages received by them relating to the state of health on board.

The following agents, having satisfied these requirements, have been approved as agents for the purpose of Article 6 of the Regulations :—Anglo American Oil Co. ; B. Ackerley & Co. ;

Canadian Pacific Company; Coast Lines Limited; Cunard White Star Limited; Escombe McGrath & Co.; Kellar Bryant & Co.; Haswell & Co.; McGregor, Gow & Holland; T. Meadows & Co.; W. H. Muller & Co.; R. & J. H. Rea, Ltd.; Wainwright Bros.

The following Companies elected to send their messages direct from the vessels to the Port Health Authority:—

Southern Railway Company; Dawson Bros., Ltd.; Elders & Fyffes, Ltd.; General Steam Navigation Company; Royal Mail Lines, Ltd.; Union-Castle Company; Sandell Bros.; J. Horn & Son; Stephenson & Clarke, Ltd.; and Stewart & Esplen, Ltd.

From 1st January to 31st December, 1937, the following wireless messages were received from incoming vessels:—

(a) Direct, 204 (68 being in code).
(b) Through agents, 647.

H.M. Customs advise the Port Health Authority of any cases of sickness which come to their notice on outlying vessels.

4. MOORING STATIONS DESIGNATED UNDER ARTICLE 10: (A) WITHIN THE DOCKS, (B) OUTSIDE THE DOCKS.

The following "Mooring Stations" have been established with the concurrence of the Customs and Harbour Authorities, and the consent (where necessary) of the Minister of Health:—

Inner Mooring Stations.

(a) For vessels bound for the Southern Railway Docks, for Agwi Jetty, or for Shell-Mex Jetty.—The usual place of mooring, subject to the vessel being moored at least six feet from the quay or jetty.

(b) For vessels bound for places in the Southampton Port Sanitary Area other than those specified at (a)—Between Hythe Pier and the Pilot Cutter Moorings in Southampton Water.

Outer Mooring Stations.

(a) For vessels not exceeding 500 feet in length.—Between Hamble Spit Buoy and Shell-Mex Jetty in Southampton Water.

(b) For vessels exceeding 500 feet in length.—At Stokes Bay.

5. PARTICULARS OF ANY STANDING EXEMPTIONS FROM THE PROVISIONS OF ARTICLE 14.

In view of the comprehensive arrangements in force at this Port to secure that incoming vessels are met on arrival by an officer of the Port Health Authority, the only standing exemption to Article 14 applies to vessels which berth outside the Southern Railway Docks, and reads as follows :—" That healthy vessels from an infected port should be allowed to proceed to their own berth and to unload, but the Medical Officer of Health should be informed as soon as possible. That, in the event of the ship being unhealthy, the Customs Officer will notify the Port Health Authority at the earliest possible moment and detain the ship."

The above arrangements have been found to work satisfactorily, and no further standing exemptions are contemplated.

6. EXPERIENCE OF WORKING ARTICLE 16.

The provisions of Article 16 have given rise to no difficulty, and have been willingly observed by all concerned.

Permits are issued by the Port Medical Officer on the application of Shipping Companies for employees to board incoming vessels for the purpose of conveying and distributing mails, etc., prior to the vessel being released from control under the Port Sanitary Regulations, 1933.

These permits would be withheld in the event of serious infectious disease being present.

Our practice of requiring addresses of passengers landing at Southampton from all vessels, except those which have called exclusively at North Atlantic ports during the voyage, has been continued throughout the year.

The declaration of address and notification of change of address system, advocated by the Association of Port Sanitary Authorities, has been adopted for contacts disembarking at this Port.

7. (a) PREMISES AND WAITING ROOMS FOR MEDICAL EXAMINATION.

Premises and waiting rooms for medical examinations are provided in connection with the rooms used by the Immigration Officers ; on the larger vessels using this Port, adequate facilities for medical examination are usually available on board.

(b) CLEANSING AND DISINFECTION OF SHIPS, PERSONS AND CLOTHING, AND OTHER ARTICLES.

Disinfection of quarters is carried out in all cases of infectious disease by the staff of the Port Health Authority, or by the Shipping Companies under their supervision.

Formalin spray is the method employed together with thorough cleansing. Should fumigation be required, this is carried out, under the supervision of the Port Health Authority, by firms of chemists who specialise in this work. Contacts requiring disinfection are taken to the Disinfecting Station at West Quay, where fully-equipped bathrooms are available. Clothing and other articles are also dealt with at this station by means of steam disinfectors.

(c) PREMISES FOR THE TEMPORARY ACCOMMODATION OF PERSONS FOR WHOM SUCH ACCOMMODATION IS REQUIRED FOR THE PURPOSE OF THE REGULATIONS.

No special accommodation is set aside for this purpose, but this could be speedily arranged, should the occasion arise, at the Borough Hospital (500 beds), or at one of the hospitals for infectious disease.

(d) HOSPITAL ACCOMMODATION AVAILABLE FOR PLAGUE, CHOLERA, YELLOW FEVER, SMALL POX, AND OTHER INFECTIOUS DISEASES.

The following Hospitals provided by the Southampton Corporation are available for cases or suspected cases of infectious disease arriving at this Port :—

(1) Isolation Hospital, Millbrook—171 beds are available for these cases.

(2) Small Pox Hospital, Millbrook Marsh, providing accommodation for 30 cases.

(e) AMBULANCE TRANSPORT.

The three motor ambulances provided by the Corporation are available for the Port for the removal of cases of infectious disease. Ambulances provided by the Borough Hospital and the Red Cross Society are also available for non-infectious cases. The motor launch provided by the Port Health Authority is adapted for the transport of two stretcher cases.

(f) SUPERVISION OF CONTACTS.

The procedure for ascertaining passengers' destinations has been described in dealing with the working of Article 16, and the Medical Officer of Health of the district to which such passengers are proceeding is informed by letter, giving necessary particulars. Contacts remaining in the Borough are kept under observation by the Medical Officer of Health.

The same procedure applies to seamen who are paid off in this Port.

8. ARRANGEMENTS FOR BACTERIOLOGICAL EXAMINATION OF RATS FOR PLAGUE.

All rats caught or found dead about docks or on vessels are brought to the Port Health Office, where they are examined, and a proportion submitted to post-mortem examination by the Medical Officers, specimens being forwarded to the Municipal Laboratory for microscopical and cultural examinations.

9. ARRANGEMENTS FOR OTHER BACTERIOLOGICAL OR PATHOLOGICAL EXAMINATION.

This work is carried out by the Pathologist at the Municipal Laboratory.

10. ARRANGEMENTS FOR THE DIAGNOSIS AND TREATMENT OF VENEREAL DISEASE AMONG SAILORS UNDER INTERNATIONAL ARRANGEMENTS.

The treatment centre at the corner of New Road and Cardigan Road, Southampton, is a separate building, devoted entirely to treatment of venereal diseases, and provides all facilities for treatment for sailors under the International Convention.

The centre is under the charge of a full-time Venereal Diseases Medical Officer and Pathologist, and facilities are provided for daily treatment. The clinic enjoys the co-operation of Ships' Surgeons and Shipping Companies, who accept certificates of fitness to resume duty issued by the Venereal Diseases Medical Officer.

Cases of venereal disease on board vessels in the Port, coming to the notice of the Port Medical Officers, are referred to the clinic for treatment, and leaflets, giving particulars of the facilities available, are left by the Sanitary Inspectors on board vessels visited by them.

Notices giving particulars about these diseases are renewed regularly, and are fixed in all the public lavatories about the Docks.

11. ARRANGEMENTS FOR THE INTERMENT OF THE DEAD.

The Port shares the facilities of the town for this purpose, the Corporation providing Cemeteries and a modern Crematorium.

The new Municipal Mortuary at West Quay Esplanade is available as required.

12. OTHER MATTERS, IF ANY, REQUIRING OR RECEIVING ATTENTION.

As required by Article 2, a complete list of infected ports and seaboards is compiled each month by the Port Medical Officer of Health, and six copies forwarded to the Chief Preventive Officer, additions or amendments being notified weekly. Copies are also supplied to the Inward Pilots, and the Manager, Southampton Airport, and Imperial Airways Ltd.

PSITTACOSIS.

The Parrots (Prohibition of Import) Regulations, 1930.

The importation of any bird of the parrot species is prohibited by these Regulations, unless for consignment to the London Zoological Society, or by special permission of the Minister of Health, and enquiries are made on all incoming vessels as to the presence of any bird on board.

Notifications are received by the Port Health Authority of any cases coming to the notice of H.M. Customs.

During the year no cases of attempted smuggling of birds into the Port were detected.

The following table shows the action taken during the year under these Regulations :—

One hundred and forty six parrots arrived on 28 vessels at this Port. Of this number 98 were imported under license of the Minister of Health, 17 were surrendered and destroyed, 25 proceeded in vessels, 3 were re-imported, and 3 were re-exported.

In addition there are 2 birds detained on yachts laid up in this Port. These are periodically examined by the Port Sanitary Staff.

It has been observed that parrots imported into this country with permission of the Minister of Health, are attended to on most vessels by the chief butcher in the room where food, etc., is prepared.

The cages are placed either on or hung above the table at which the butcher carries out his daily duties ; this in itself is a bad practice, for should the birds be suffering from psittacosis, there is a possibility of the crew being infected and so conceivably the passengers.

It would appear that no action in this matter will be taken until such an outbreak of psittacosis occurs which can be traced to this practice. It would be better for Shipping Companies to provide a specially warmed room in a suitable place on the ship where the birds could receive attention.

TABLE C.

Cases of Infectious Disease landed from vessels.

Disease.	Number of cases during 1937.		Number of Vessels concerned.	Average number of cases for previous five years.
	Passengers.	Crew.		
Cerebro-Spinal Meningitis ...	...	...	...	.2
Chicken Pox	11	2	10	11.8
Diphtheria	4	2	3	4.8
Dysentery	13	...	8	16.8
Encephalitis Lethargica ...	2	...	2	1.4
Enteric Fever and Para-Typhoid Fever	4	1	4	10.6
Erysipelas	2	2	4	1.6
German Measles	...	1	1	2.0
Influenza	11	6	11	16.0
Measles	20	2	17	26.8
Meningitis	...	1	1	...
Mumps	4	3	6	8.0
Pneumonia	18	2	18	26.6
Polio Encephalitis	1	...	1	...
Poliomyelitis...	3	...	3	1.6
Scarlet Fever	3	2	5	6.4
Tonsillitis	14	18	26	13.6
Tuberculosis	120	8	47	119.4
Venereal	53	57	67	68.0
Whooping Cough	1	...	1	6.0
Totals	284	107	235	—

TABLE D.

Cases of Infectious Sickness occurring on vessels during the voyage, but disposed of prior to arrival.

Disease.	Number of cases during 1937.		Number of Vessels concerned.	Average number of cases for previous five years.
	Passengers.	Crew.		
Cerebro-Spinal Meningitis ...	1	...	1	...
Chicken Pox	5	...	4	3.8
Diphtheria	...	1	1	1.6
Dysentery	...	...	...	.6
Encephalitis Lethargica ...	...	...	...	.2
Enteric Fever and Para-Typhoid Fever	5	...	5	2.8
Erysipelas	1	...	1	.4
German Measles	...	...	...	1.4
Influenza	1	...	1	.8
Measles	1	1	1	11.6
Meningitis	...	...	...	...
Mumps	2	1	3	1.4
Pneumonia	7	5	11	10.2
Polio Encephalitis	1	...	1	...
Poliomyelitis...	...	...	...	...
Scarlet Fever	...	1	1	1.6
Tonsillitis	...	...	...	.6
Tuberculosis	5	1	5	12.2
Venereal	...	...	...	.8
Whooping Cough	...	...	...	1.2
Totals	29	10	35	—

Section V.—MEASURES AGAINST RODENTS.

1. STEPS TAKEN FOR DETECTION OF RODENT PLAGUE: (A) IN SHIPS IN THE PORT. (B) ON QUAYS, WHARVES, WAREHOUSES, ETC., IN THE VICINITY OF THE PORT.

All vessels entering the Port are inspected for indications of rat infestation, and all rats caught on ships or about the Docks are examined by the Staff at the Port Health Office, a proportion being selected for post-mortem and bacteriological examination.

During the past year bacteriological specimens were taken from the spleen and liver of 110 rats, all of which were found to be free from plague infection.

2. MEASURES TAKEN TO PREVENT THE PASSAGE OF RATS BETWEEN SHIPS AND THE SHORE.

The following regulations are enforced in the case of all vessels from infected ports, grain carrying ships, or vessels showing evidence of rat infestation, and have been voluntarily adopted by practically all the shipping companies in the case of other vessels :—

(1) That the ship be so moored that at no point is she less than six feet from the quay or wharf.

(2) That all ropes, warps, etc., used for mooring the ship be fitted with canvas rat-guards, two feet long, the same to be daily coated with tar, or fitted with shields or discs ; all such rat-guards when fitted to be clear of ship and quay, and readjusted with rise and fall of the tide.

(3) That no gangway, shoot, plank, etc., connecting the ship with the shore, except that which is in actual use, be permitted ; and that any gangway, shoot, plank, etc., while connecting the ship with the shore, and not in constant use, shall have a man in attendance day and night. The gangway shall be provided with a light from sunset to sunrise.

(4) Booms and other appliances provided for the purpose of keeping the ship in position, and connecting the ship with the quay, shall be kept coated with tar parcelling at least three feet in length, and the tar renewed daily.

3. METHODS OF DERATISATION OF: (A) SHIPS. (B) PREMISES IN THE VICINITY OF DOCKS OR QUAYS.

(a) On Ships.

(1) Trapping and poisoning.—Regular trapping on board ship is carried out by the Shipping Companies, the majority of whom employ professional rat-catchers. Poison baits have been used in several instances during the year as an accessory method.

(2) Fumigation.—There have been no vessels entering the Port during the year which have necessitated fumigation owing to rat prevalence.

It is the practice, however, for several Companies to carry out fumigation annually for the purpose of freeing the ships from cockroaches or other vermin. Fifteen such fumigations were carried out by firms of contracting chemists by the following fumigants of the Hydrocyanic Acid Group:—Liquid Hydrocyanic Acid (4), H.C.N. Zyklon B (4), Hydrocyanic Acid Liquid and Discs (5), Hydrocyanic Acid (Galardi) (1), and Sulphur (1).

Deratisation Certificates were asked for by the Companies in each case, and the work was therefore supervised and approved throughout by the Port Health Authority.

(b) Premises in the Vicinity of Docks and Quays.

The Southern Railway Company employ two full-time rat-catchers about the Docks, warehouses, etc., the methods employed being trapping and poisoning.

4. MEASURES TAKEN FOR THE DETECTION OF RAT PREVALENCE IN SHIPS AND ON SHORE.

Systematic inspection is carried out for rat traces and harbourage on all vessels, quays, wharves, and warehouses. The systematic measures which are carried out for the destruction of rats, referred to in the previous section, resulted in only 1,447 rats being caught (354 on vessels and 1,093 on shore).

5. RAT-PROOFING.

(a) To what extent are docks, wharves, warehouses, etc., rat-proof?

(b) Action taken to extend rat-proofing.

(a) and (b). The standard of rat-proofing of the sheds, wharves, and warehouses is, generally speaking, satisfactory. Practically all sheds are of metal construction, the floors being of concrete, surfaced with tar-paving; the few remaining sheds which are of wooden construction have been floored with concrete.

During the year the new Docks Extension has been regularly utilised for passenger and cargo traffic. All buildings on this extension have been constructed on the most modern principles to prevent rat harbourage.

(c) In Ships.

Schedules of work to correct or protect rat harbourage and runs were served and complied with in the case of 58 vessels requiring Deratisation Exemption Certificates.

RATS DESTROYED DURING 1937. TABLE E.

(1) ON VESSELS.

Number of Rats.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total in Year.
Black	10	12	33	66	17	13	43	15	70	34	10	15	338
Brown	...	...	2	13	1	...	...	...	...	...	...	...	16
Species not recorded ...	...	...	...	...	...	...	...	...	...	...	...	...	...
Examined	10	12	35	79	18	13	43	15	70	34	10	15	*354
Infected with Plague	...	...	...	...	...	...	...	...	...	...	...	...	...

TABLE F.

(2) IN DOCKS, QUAYS, WHARVES AND WAREHOUSES.

Number of Rats.	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total in Year.
Black	2	...	...	...	...	...	...	...	...	...	...	...	2
Brown	85	73	74	64	94	86	79	108	111	125	91	101	1091
Species not recorded	...	...	...	...	...	...	...	...	...	...	...	...	...
Examined	87	73	74	64	94	86	79	108	111	125	91	101	*1093
Infected with Plague	...	...	...	...	...	...	...	...	...	...	...	...	...

Of the above number of rats caught in Docks, etc., the number caught at the New Docks was 590.

* The totals in E and F of Rats examined include 110 Bacteriologically examined.

TABLE G.

Measures of Rat Destruction on Plague " Infected " or " Suspected " vessels from Plague-infected ports arriving in the Port during the year 1937.

Total number of such Vessels arriving. 1.	Number of such Vessels fumigated by $S.O._2$. 2.	Number of Rats killed. 3.	Number of such Vessels fumigated by H.C.N. 4.	Number of Rats killed. 5.	Number of such Vessels on which trapping, poisoning, etc., were carried out. 6.	Number of Rats killed. 7.	Number of such Vessels on which measures of Rat destruction were not carried out. 8.
175	Nil	Nil	5	Nil	46	163	126

TABLE H.

Deratisation Certificates and Deratisation Exemption Certificates issued during the year 1937.

Net Tonnage.	Number of Ships.	Number of Deratisation Certificates issued.							Number of Deratisation Exemption Certificates issued.	Total Certificates issued.
		After fumigation with					After trapping, poisoning, etc.	Total.		
		Zyklon B.	Liquid H.C.N. and Discs.	Liquid H.C.N.	H.C.N. Galardi.	$S.O._2$.				
Ships up to 300 tons...	21	—	—	—	—	—	—	—	21	21
,, from 301 to 1,000 tons ...	36	—	—	—	—	—	—	—	36	36
,, from 1,001 to 3,000 tons ...	8	—	1	1	—	—	—	2	6	8
,, from 3,001 to 10,000 tons ...	55	—	1	3	—	1	—	5	50	55
,, over 10,000 tons	29	4	3	—	1	—	—	8	21	29
Totals	149	4	5	4	1	1	—	15	134	149

Section VI.—HYGIENE OF CREWS' SPACES.

Regular inspections have been carried out for the detection of nuisances or structural defects on vessels arriving within the Port Health Area, notices being served where such defects were found. In instances where these notices were not complied with, they were followed up by letters to the owners, and particulars forwarded to the Port Medical Officer at the next port of call.

No defect is written off as complied with until the completed work has been inspected by one of the Port Sanitary Inspectors, or we have received notification of completion from the Medical Officer at a subsequent port of call.

In this respect we have enjoyed the co-operation of the Board of Trade, but it is again necessary to point out that the standard enforceable for crews' accommodation upon British ships falls short of that required by many other Nations.

A detailed report regarding crews' spaces was given in the Annual Report for 1936.

The table embodying particulars of inspection during the year is given below :—

	Defects found.	Complied with.
Accumulation of rubbish, stagnant water, etc.	13	12
Absence of heating to crews' quarters	1	1
Defective trough closets and lavatories	8	7
,, ports	13	6
,, or missing doors to crews' quarters	18	4
,, choked, or absence of waste pipes to baths	8	8
,, flushing apparatus to W.Cs.	21	18
,, or missing seats to W.Cs.	22	19
,, soil pipes	1	—
,, or absent wash-basins	5	4
,, or absent stoves in crews' quarters	9	8
,, bunks	4	2

	Defects found.	Complied with.
Defective or insufficient ventilation	5	1
,, drainage of crews' quarters	5	5
,, deck-heads of crews' quarters	19	12
,, hawse and chain pipes	3	1
,, steam pipes in crews' quarters	6	4
,, shell plating in crews' quarters	2	1
,, or absent food lockers	20	15
Dirty food lockers and provision store rooms	7	5
,, hospitals	1	1
Dampness in crews' quarters	2	1
Foul bilges	1	1
Insanitary crews' quarters	33	28
,, W.Cs., wash-places, etc.	79	62
Inadequate lighting in W.Cs.	1	1
Overcrowding of crews' spaces	2	2
Ship's stores in crews' spaces	7	7
Smoke nuisances from ships	2	2
Verminous quarters	39	34
Water tanks defective lids or filling plugs	19	9
,, ,, in dirty condition	6	3
Totals	382	284
	on 201 Vessels.	on 151 Vessels.

TABLE J.

Nationality of Vessel.	Number Inspected during 1937.	Defects of original construction.	Structural defects through wear and tear.	Dirt, vermin, and other conditions prejudicial to health.
British	2,192	9	137	184
Other Nations ...	934	—	18	34

Section VII.—FOOD INSPECTION IN THE PORT.

Report on the Working of the Public Health (Imported Food) Regulations, 1925; Public Health (Imported Food) Amendment Regulations, 1933; Public Health (Imported Milk) Regulations, 1926; Public Health (Preservatives, etc., in Food) Regulations, 1925 to 1927; and the Public Health (Meat) Regulations, 1924, for the year 1937.

The inspection, examination, and the control of all food stuffs landing in the Port is carried out under the above Regulations, and, as in previous years, the valuable assistance rendered by the Officers of H.M. Customs and Excise, the Southern Railway Company, Shipping Companies, Shipping Agents, Meat and Fruit Importing Companies, has considerably facilitated the carrying out of the varied duties appertaining to the Regulations.

The amount of food stuffs landed in the Port during the year was 582,110 tons, and consisted of the following articles :—

Fruit.—Country of origin : South Africa, South America, Central America, West Indies, United States, Canada, Jaffa, Azores, Channel Islands, etc.

	Tons.		Tons.
Apples	10,775	Oranges	97,486
Apricots	638	Pears	11,594
Bananas	19,623	Peaches	1,570
Currants	1	Pineapples	1,247
Grapes	14,148	Plums	5,692
Grape Fruit	14,074	Tomatoes	32,911
Lemons	1,467	Fruit, not otherwise specified	889
Litches	74		
Melons	257		
Naartjes	160		
Nectarines	182	Total ...	212,788

VEGETABLES.—Country of origin: Continent, Channel Islands, South Africa, Canary Islands, etc.

	Tons.		Tons.
Beans	744	Parsnips	1
Broccoli	1,856	Peas	82
Cabbages	7	Vegetables, not otherwise specified	585
Carrots	60		
Lettuce	76	Total	7,12
Onions	3,709		

POTATOES.—Country of origin: Channel Islands, Continent, etc.—28,630 tons.

FISH.—Country of origin: South Africa, Newfoundland, etc.—1,844 tons.

MEAT.—Country of origin: South America, South Africa, Australia, New Zealand, etc.

	Tons.		Tons.
Beef	37,510	Meat, not otherwise specified	48
Beef Cuts	828		
Offal	1,104		
Pork Cuts	166	Total	54,939
Sheep and Lambs	15,283		

PROVISIONS.—Country of origin: United States, Canada, South America, South Africa, Continent, Australia, etc.

	Tons.		Tons.
Apple Pomace	201	Ground Nut Kernels	254
Apricot Kernels	24	Lard	894
Bacon	542	Macaroni	1
Butter	8,633	Meats, Boxed and Canned	360
Beer	414	Mineral Waters	80
Cider	189	Milk, E. and P.	892
Coffee	428	Oatmeal	5
Cocoa	9	Oil, Cocoanut, etc.	1,337
Cheese	1,525	Oil, Olive	7
Corn Flakes	482	Preserves	172
Confectionery	218	Poultry	143
Cereals	523	Quaker Oats	579
Chestnuts	216	Sugar	18,015
Canned Goods, not otherwise specified	1,053	Spirits	803
Eggs	2,473	Tea	656
Fruit, Canned	1,362	Walnuts	90
Fruit, Dried	5,813	Wines	6,138
Fruit Pulp	109	Provisions, not otherwise specified	303
Force	147		
Fat	884	Total	57,004
Fruit Juice	1,030		

GRAIN AND GRAIN OFFALS.—Country of origin: South America, South Africa, Canada, Continent, Australia, etc.

	Tons.		Tons.
Bran	3,380	Middlings	3,033
Barley	14,962	Oats	5,350
Cotton Seed	7,319	Oil Cake	303
Dari Seed	230	Pollards	3,549
Flour	4,050	Rice	6
Grits	100	Seeds	380
Hominy Chop	905	Wheat Germ	684
Linseed Cake	49	Wheat	43,524
Linseed	3,389	Grain, not otherwise specified	2,231
Maize	62,999		
Maize Meal	2,165	Total	219,785
Meal	61,177		

NOTICES SERVED DURING THE YEAR UNDER THE PUBLIC HEALTH (IMPORTED FOOD) REGULATIONS, 1925.

Form E (notice for special examination)	154
Permission to remove after examination	146
Notice to have destroyed after examination	8
Notice to export after examination	—
Form C (notice to sort)	9
Permission to remove after sorting	9
Form A (notice to surrender)	179
Condemnation Notes issued (food destroyed)	453
Condemnation Notes issued (food used under guarantee for non-edible purposes)	3

QUANTITIES OF MEAT LANDED IN THE PORT FOR THE YEAR 1937.

Country of Origin.	Chilled Beef.		Frozen Beef.		Frozen Boneless Meat.				Pork.	Offal.	Mutton Carcases.		Bacon.
	Quarters.	Cuts.	Quarters.	Cuts.	Beef Quarters.	Beef Cuts.	Veal.	Offal.	Carcases and Sides.	Boxes and Bags.	Sheep.	Lambs.	Packages and Bales.
Australia	6,337	2,432	6,435	6,599	...	...	...	160	1,090	2,910	2,723	136,829	...
Canada	...	...	...	...	...	...	...	...	...	...	...	...	4,408
Holland	...	...	...	...	...	...	...	...	...	...	...	...	...
Irish Free State ...	...	...	...	...	...	...	...	...	...	...	...	...	...
New Zealand ...	4,985	700	1,834	40	168	1,586	332	171	3,608	5,786	88,510	616,903	...
South Africa ...	109,417	...	8,716	...	33,617	...	6	1,648	395	8,074	10,324	15,199	217
South America ...	352,985	28,202	...	440	2,158	1,908	...	90	...	22,689	994	76,898	...
U.S. of America ...	...	...	...	...	...	...	...	...	...	...	...	...	110
Channel Islands ...	...	...	...	...	...	...	...	...	83	...	...	...	...
Other Countries ...	...	...	...	...	...	...	...	...	...	...	...	...	10
Totals	473,724	31,334	16,985	7,079	35,943	3,494	338	2,069	5,176	39,459	102,551	845,829	4,745

OFFAL.

All offal has been subjected to a percentage examination at the time of landing, and, where deemed necessary, the more detailed inspections have taken place in the Cold Stores available for this purpose.

The customary practice of defrosting a small percentage of consignments, in special circumstances, has been carried out, and from 1% to 5% of all importations of beef tongues have been defrosted for detection of actinomycosis and missing sub-maxillary glands, etc.

CANNED GOODS.

Importation of canned foods for the year amounted to 156,029 packages.

The general standard of canning has been good, and all samples submitted for analysis have been satisfactory.

Inspection of canned foods is generally arranged so as to be coincident with examinations made by H.M. Customs and Excise, as numerous consignments are of a dutiable nature ; this method facilitates the working of the Customs and Public Health Regulations.

THE PUBLIC HEALTH (IMPORTED MILK) REGULATIONS, 1926.

There have been no importations of milk during the year.

THE PUBLIC HEALTH (MEAT) REGULATIONS, 1924.

Under Part VI (Transport and Handling) inspection of all meat conveyances has been systematically made, and general supervision of the handling of meat in ships, cold stores, cargo sheds, etc., has been carried out.

CASEOUS LYMPHADENITIS.

A uniform examination of 5% of consignments of mutton and lambs (42-lbs. in weight and over) is still carried out ; and, as formerly, if 2% of the 5% are found to be affected with the disease, the whole of the next consignment is detained until all necessary examinations have been completed. This procedure necessitated the detention of eight consignments during the year.

The examination of mutton and lambs entering the Port has revealed 0.29% of affected carcases, this shews a decrease of 0.3% on last year's figure, but is somewhat higher than the figures returned for the years 1933, 1934, 1935.

There are indications that rigid examination of carcases is still carried out in the abattoirs of exporting countries.

Nine hundred and forty-eight thousand three hundred and eighty carcases of sheep and lambs were landed during the year, 6,782 carcases were examined, 20 carcases were condemned—18 being destroyed by burning, and two were released under guarantee, to be refined for non-edible purposes.

Country of Origin.	Mutton.				Lambs.			
	Carcases Landed.	Carcases Examined.	Carcases Condemned.	% Affected.	Carcases Landed.	Carcases Examined.	Carcases Condemned.	% Affected.
Australia ...	2,723	141	...	...	136,829	228	...	...
New Zealand ...	88,510	4,441	11	0.25	616,903	599	...	...
South Africa ...	10,324	519	4	0.77	15,199	...	...	...
South America...	994	51	...	...	76,898	803	5	0.62
Totals ...	102,551	5,152	15	...	845,829	1,630	5	...

The following samples of imported foodstuffs were taken during the year, for analysis under the Public Health (Preservatives, etc., in Food) Regulations, 1925 to 1927.

No.	Nature of Sample.	Country of Origin.	Result of Analysis.	Remarks.
1	Butter	South West Africa	Genuine. 14.9% moisture. Free from preservatives.	Sample satisfactory.
2	Hardened Whale Oil	Holland ...	A genuine hydrogenated marine oil. Moisture absent.	Sample satisfactory.
3	Lard	South America	Genuine. Free from moisture, cotton seed oil, sesame oil and hydrogenated marine oil.	Sample satisfactory.
4	Margarine ...	Holland ...	Genuine. 13.3% moisture. Boric Acid absent.	Sample satisfactory.
5	Malted Milk Powder	Canada ...	Fat 7.38%. Moisture 4.3%. Ash 3.76%. Starch absent. Malt Extract present.	Sample satisfactory.
6	Evaporated Milk	Holland ...	Fat 9.1%. Total solids 32.6%. Acidity 0.48%. Equivalent pints 2. Equivalent pints declared 2.	Sample satisfactory.
7	Evaporated Milk	Holland ...	Fat 9.1%. Total solids 31.6%. Acidity 0.48%. Equivalent pints 1.96. Equivalent pints declared 1 7/8.	Sample satisfactory.
8	Pears	South Africa ...	Arsenious Oxide 0.44 parts per million. (Limit 1.4 parts per million.)	Sample satisfactory.

No.	Nature of Sample.	Country of Origin.	Result of Analysis.	Remarks.
9	Apples	South Africa...	Arsenious Oxide 0.14 parts per million. (Limit 1.4 parts per million.)	Sample satisfactory.
10	Tomatoes ...	Guernsey ...	Arsenious Oxide—absent.	Sample satisfactory.
11	Tomatoes ...	Guernsey ...	Arsenious Oxide—absent.	Sample satisfactory.
12	Canned Cream ...	Holland ...	Fat 23.8%. Total solids 31.1%. Boric Acid—absent.	Sample satisfactory.
13	Canned Tomato Juice	Holland ...	Tin 0.56 grains per lb. Copper 2.0 parts per million.	Sample satisfactory.
14	Guava Jelly (Glass Jar)	South Africa...	Sulphur Dioxide—absent. Benzoic Acid—absent. Salicylic Acid—absent.	Sample satisfactory.
15	Cape Gooseberry Jam (Canned)	South Africa...	Sulphur Dioxide—absent. Benzoic Acid—absent. Salicylic Acid—absent.	Sample satisfactory.
16	Fig Jam (Glass Jar)	South Africa...	Sulphur Dioxide—absent. Benzoic Acid—absent. Salicylic Acid—absent.	Sample satisfactory.
17	Tomatoes ...	Holland ...	Arsenious Oxide 0.03 parts per million. Copper—absent. Blemishes on skin evidently due to insect pest.	Sample satisfactory. Abnormality of skin was suggestive of corrosive agent.
18	Lager Beer ...	Denmark ...	Arsenic—absent. Preservatives—absent.	Sample satisfactory.

No.	Nature of Sample.	Country of Origin.	Result of Analysis.	Remarks.
19	Tomatoes ...	Holland ...	Arsenious Oxide 0.1 parts per million. Copper—a trace.	Sample satisfactory.
20	Green Bacon ...	South Africa...	Boric Acid—absent.	Sample satisfactory.
21	Apples	United States of America	Arsenious Oxide 1.0 parts per million. (Limit 1.4 parts per million.)	Sample satisfactory.
22	Tomato Ketchup (Bottle)	Canada ...	Sulphur Dioxide—absent. Boric Acid—absent. Benzoic Acid—absent.	Sample satisfactory.
23	Cream of Tomato Soup (Canned)	Canada ...	Tin 0.94 grains per lb. Copper 2 parts per million. Lead—absent.	Sample satisfactory.
24	Lamb	New Zealand	Copper present in tissues.	Sample submitted shewing green discolouration. Suggestive of copper contamination.
25	Apples	Canada ...	Arsenious Oxide 0.7 parts per million. (Limit 1.4 parts per million.)	Sample satisfactory.
26	Apples	Canada ...	Arsenious Oxide—absent.	Sample satisfactory.
27	Apples	Canada ...	Arsenious Oxide 0.25 parts per million. (Limit 1.4 parts per million.)	Sample satisfactory.
28	Apples	Canada ...	Arsenious Oxide 0.13 parts per million. (Limit 1.4 parts per million.)	Sample satisfactory.

No.	Nature of Sample.	Country of Origin.	Result of Analysis.	Remarks.
29	Raisins	United States of America	Sulphur Dioxide 709 parts per million. (Limit 750 parts per million.) Boric Acid—absent.	Sample satisfactory.
30	Dried Apricots ...	United States of America	Sulphur Dioxide 1,488 parts per million. (Limit 2,000 parts per million.)	Sample satisfactory.
31	Canned Asparagus	United States of America	Tin 2 grains per pound. (Limit 2 grains per pound.)	This sample can hardly be considered as satisfactory. Further samples of this particular brand to be taken from next consignment.
32	Tomatoes ...	Canary Islands	Arsenious Oxide 0.16 parts per million. (Limit 1.4 parts per million.) Copper—absent.	Sample satisfactory.
33	Pears	United States of America	Arsenious Oxide 0.04 parts per million. (Limit 1.4 parts per million.)	Sample satisfactory.
34	Apple Pomace ...	France ...	Sulphur Dioxide—absent.	Sample satisfactory.
35	Corned Beef (Canned) ...	Argentine ...	Tin 0.38 grains per pound.	Sample satisfactory.
36	Tomatoes ...	Canary Islands	Arsenious Oxide 0.04 parts per million. (Limit 1.4 parts per million.)	Sample satisfactory.
37	Canned Pilchards	United States of America	Tin 0.35 grains per pound. Lead—absent. Copper 2.8 parts per million.	Sample satisfactory.
38	Lard	Argentine ...	Genuine.	Sample satisfactory.

Samples of imported food taken during the year for bacteriological examination.

No.	Description.	Country of Origin.	Result of Examination.	Remarks.
1	Condensed Milk	Holland ...	No pathogenic organisms.	Sample satisfactory.
2	Condensed Milk	Holland ...	No pathogenic organisms.	Sample satisfactory.
3	Evaporated Milk	Holland ...	No T.B. No organisms. No growth on culture.	Sample satisfactory.
4	Condensed Milk	Holland ...	No organisms on direct film. No growth on culture.	Sample satisfactory.
5	Evaporated Milk	Holland ...	No T.B. No organisms. No growth on culture.	Sample satisfactory.
6	Lettuce	Holland ...	No organisms for typhoid group. No pathogenic organisms seen.	Sample satisfactory.
7	Lettuce	Holland ...	No organisms for typhoid group. No pathogenic organisms seen.	Sample satisfactory.
8	Condensed Milk	Holland ...	No organisms on direct film. No growth on culture.	Sample satisfactory.
9	Condensed Milk	Holland ...	No organisms present. No growth on culture.	Sample satisfactory.
10	Condensed Milk	Holland ...	No organisms present. No growth on culture.	Sample satisfactory.
11	Lettuce	Holland ...	B. Typhosus, Para. A and Para. B.—absent.	Sample satisfactory.
12	Condensed Milk	Holland ...	No bacteria present.	Sample satisfactory.

ARSENIOUS OXIDE ON FRUIT.

Routine inspection of all fruit consignments arriving from overseas is carried out, and where evidence of spray deposit is observed, samples of the affected fruit are submitted to the Borough Analyst for analysis ; the consignment from which the sample is taken is detained until the result of the analysis is made known.

It is the practice of the High Commissioner of South Africa to notify the Ministry of Health, when information has been received by him from the Government laboratories, that over-sprayed fruit has been shipped to this country. The Ministry of Health are then in a position to communicate with the Medical Officers of Health of the ports concerned, where the consignments affected are detained and dealt with on arrival.

The co-operation of the High Commissioner of South Africa and the Ministry of Health has done much to facilitate the detection of over-sprayed fruit, especially as large consignments from South Africa are dealt with at this Port.

During the year 14 samples of fruit and tomatoes were analysed, none of these exceeded the tolerance figure of 1.4 parts per million of arsenious oxide.

It is gratifying to note that the diminution in the incidence of over-sprayed fruit continues, in spite of greatly increased quantities imported.

The following samples were sent to the Ministry of Health, at their request, for research for copper and arsenic deposits, etc.

(1) Tomatoes ... Country of Origin—Holland.
(2) Tomatoes ... ,, ,, Holland.
(3) Tomatoes ... ,, ,, Canary Islands.

IMPORTED FOOD CONDEMNED.

The total amount of food condemned during the year was 891 tons, 2 qrs. 23 lbs. In all instances surrenders have been voluntary.

Description.	Original Packages.		Loose Articles.	Weight Condemned.			
	No.	Description.	Description.	Tons.	Cwts.	Qrs.	Lbs.
Apples ...	28	Barrels	... ...	1	15	2	0
	3	Trays	... ...				
Bananas ...	...	...	Quantity of loose	170	17	0	0
Beef Brisket	24	Tins	... ...		1	1	8
Beef Joints...	...	...	Quantity of loose		2	3	25
Beef Offal ...	...	...	do. do.			3	23
Beef Round	...	...	do. do.				14
Eggs (Liquid)	2	Cans	... ...			1	0
Grapefruit ...	1197	Boxes	Quantity of loose	44	14	0	0
Grapes ...	41	Barrels	... ...	1	6	1	24
	20	Boxes	... ...				
	4	Trays	... ...				
Lambs ...	5	Carcases	... ...		2	0	4
Lamb Joints	...	...	Quantity of loose		3	0	15
Lamb Offal...	30	Pails	do. do.		2	2	20
Lemons ...	87	Boxes	do. do.	3	10	2	0
Mandarines ...	534	Trays	... ...	1	6	0	0
Melons ...	14	Crates	Quantity of loose		14	1	0
Onions ...	181	Bags	... ...	5	16	0	26
Oranges ...	17518	Boxes	Quantity of loose	658	4	0	0
Pears ...	58	Boxes	do. do.	1	1	0	24
Pig Bellies ...	...	...	do. do.			1	18
Pig Offal ...	...	...	do. do.				15
Plums ...	55	Trays	... ...		6	3	18
Poultry ...	2	Cases	Quantity of loose		4	2	26
Sheep ...	17	Carcases	... ...		7	2	5
Sheep Joints	...	...	Quantity of loose				24
Sugar ...	...	...	do. do.				18
Sweet Corn ...	1	Tray	... ...				10
Tangerines ...	1	Box	... ...				10
Tomatoes ...	4	Boats	... ...		1	0	0
Tomato Juice	6	Bottles	... ...				6
Tomato Ketchup	73	Bottles	... ...			2	15
Tomato Soup	11	Tins	... ...				11
Total ...	...	...	... ...	891	0	2	23

METHOD OF DISPOSAL.

Method of Disposal.	Tons.	Cwts.	Qrs.	Lbs.
Dumped at sea	875	19	0	27
Burned	14	19	3	7
Non-edible refining		1	2	17
Total	891	0	2	23

THE PUBLIC HEALTH (SHELL-FISH) REGULATIONS, 1934.

Since 25th September, 1936, the Order made by the Council of the County Borough of Southampton forbidding the selling of shell-fish from the prescribed areas under its jurisdiction, no persons have been observed to have transgressed the Order.

From time to time this area has been patrolled, but no persons have been observed collecting shell-fish.

◆

PART II.

PASSENGER TRAFFIC DURING 1937.

The number of vessels entering the Port of Southampton during the year was 16,756, being an increase of 275 compared with the previous year. The net tonnage of these vessels amounted to 13,340,292 tons, compared with 12,478,711 in the year 1936.

The number of passengers arriving in the Port from countries outside Europe was 109,148, an increase of 6,448 compared with the previous year, and the number embarking was 136,315, an increase of 10,900 compared with the total in 1936.

In addition to the above, 441 vessels arrived in Southampton Water and Cowes Roads to disembark passengers, and also to embark passengers, particulars of whom are not included.

The number of passengers landed by tender in the Docks from these vessels amounted to 27,726 during the year.

Twenty-four transports also arrived in the Port, and landed 5,294 crew and 34,097 military passengers and troops; the statistics relating to these vessels not being included above.

The passenger traffic during the years 1936 and 1937 between ports in England and places outside Europe, and not within the Mediterranean Sea, is given in the Board of Trade Journal as follows :—

TABLE I.

NUMBER OF PASSENGERS.

Port.	Inward.		Outward.		Total.	
	1936.	1937.	1936.	1937.	1936.	1937.
Bristol ...	1,593	2,044	1,758	2,187	2,351	4,231
Plymouth ...	29,175	29,376	74	113	29,249	29,489
Liverpool ...	34,717	35,782	44,822	47,417	79,539	83,199
London ...	53,894	48,049	46,591	44,956	100,485	93,005
Southampton	102,700	109,148	125,415	136,315	228,115	245,463

Information regarding passenger movement to and from the United Kingdom has been obtained from the Board of Trade returns, which show that the total number of passengers who arrived in the United Kingdom from places out of Europe during the year 1937 amounted to 252,960, an increase of 2,904 when compared with the year 1936, and of 36,931 over that for the year 1935.

The total number of passengers who embarked at the various ports in the United Kingdom for places out of Europe are shown as 261,829, an increase of 15,033 when compared with 1936.

Our work and interests are, however, more concerned with those who land at this Port. The number of passengers who arrived at the Port of Southampton from places out of Europe during the same period amounted to 109,148, showing an increase of 6,448 over that for the year 1936, and 33,215 over those who disembarked during 1935.

The number of outward passengers who left Southampton for places out of Europe was 136,315, as compared with 125,415 who embarked at this Port during 1936, an increase of 10,900 in that year, and an increase of 37,797 over the number for the year 1935.

TABLE II.

Passengers who arrived in the United Kingdom from places out of Europe, distinguishing the class of travel, during the years 1936 and 1937 :—

Ports.		Inward.				
		First Class.	Second and Cabin Class.	Tourist Class.	Third Class.	Total.
Liverpool	1937	5,856	9,001	8,298	12,627	35,782
	1936	5,850	8,740	8,539	11,588	34,717
London	1937	18,146	7,178	16,914	5,811	48,049
	1936	18,939	8,370	15,792	10,793	53,894
Plymouth	1937	7,542	11,703	6,214	3,917	29,376
	1936	8,868	11,336	5,894	3,077	29,175
Southampton ...	1937	16,017	32,292	40,669	20,170	109,148
	1936	17,068	31,991	34,504	19,137	102,700
Bristol	1937	1,976	65	—	3	2,044
	1936	1,491	99	3	—	1,593
Glasgow	1937	50	2,888	6,769	10,713	20,420
	1936	103	3,091	6,473	10,159	19,826
Londonderry ...	1937	—	46	178	592	816
	1936	—	69	285	867	1,221
Belfast	1937	41	707	1,412	3,178	5,338
	1936	63	604	1,385	2,841	4,893
Other Ports ...	1937	1,528	284	113	62	1,987
	1936	1,535	125	53	324	2,037
Total, all Ports...	1937	51,156	64,164	80,567	57,073	252,960
	1936	53,917	64,425	72,928	58,786	250,056

TABLE III.

Passengers who left the United Kingdom for places out of Europe, distinguishing the class of travel, during the years 1936 and 1937 :—

Ports.		Outward.				
		First Class.	Second and Cabin Class.	Tourist Class.	Third Class.	Total.
Liverpool	1937	13,092	11,459	9,949	12,917	47,417
	1936	13,728	11,170	9,240	10,684	44,822
London	1937	17,739	7,056	18,592	1,569	44,956
	1936	21,215	5,977	17,574	1,825	46,591
Plymouth	1937	55	12	42	4	113
	1936	41	6	11	16	74
Southampton ...	1937	13,728	49,535	43,254	29,798	136,315
	1936	15,050	47,522	39,139	23,704	125,415
Bristol	1937	2,177	10	—	—	2,187
	1936	1,724	33	—	1	1,758
Glasgow	1937	52	2,520	6,928	9,099	18,599
	1936	97	2,537	6,341	8,072	17,047
Londonderry ...	1937	—	36	218	746	1,000
	1936	—	25	287	619	931
Belfast	1937	20	836	1,689	2,865	5,410
	1936	38	702	1,421	2,478	4,639
Other Ports ...	1937	4,512	999	122	199	5,832
	1936	4,375	781	179	184	5,519
Total, all Ports...	1937	51,375	72,463	80,794	57,197	261,829
	1936	56,268	68,753	74,192	47,583	246,796

NOTE.—The figures given in the above tables are exclusive of persons travelling on pleasure cruises between the United Kingdom and places out of Europe, as particulars of the class of travel of these passengers are not required to be furnished.

Of the total of 514,789 passengers outward and inward in 1937, 47 per cent. were recorded at Southampton, 18 per cent. at London, and 16 per cent. at Liverpool, as compared with percentages of 46, 20 and 16, respectively in 1936. The number of passengers now using Southampton as their port of embarkation or arrival is not far short of three times as great as the number commencing or terminating their voyages at Liverpool.

Glasgow accounted for about 7½ per cent. of the total in both 1937 and 1936. About 29,000 passengers disembarked at Plymouth both in 1937 and 1936, or approximately 12 per cent. of the total of inward passengers in each year.

Of the numbers travelling on pleasure cruises to places outside Europe, about three-quarters in both years embarked at Southampton or Liverpool, and most of the remainder at London.

Class of Travel.—The aggregate number of passengers (outward and inward) travelling in the tourist and the third class represented about 31 and 22 per cent. of the total traffic in 1937, as compared with 30 and 21 per cent. respectively in 1936. The proportion in the first class was rather smaller in the latter year (20 per cent. as against 22 per cent.), while there was little relative change in the numbers travelling second and cabin class (about 27 per cent.).

Passengers Travelling in Foreign Ships.

Non-European Countries.

The number of outward and inward passengers (British and aliens) who travelled between the United Kingdom and places outside Europe by vessels under foreign flags in 1937 was 103,169, or 18.3 per cent. of the total passenger movement, as compared with 95,729 (17.1 per cent.) in 1936. Excluding persons travelling on pleasure cruises, the proportion carried by vessels under foreign flags was about 19 per cent. in 1936, and 20 per cent. in 1937. The increase in the proportion of passengers travelling in foreign ships—it was under 8 per cent. twelve years ago—has been due in part to an absolute decline, largely associated with the emigrant traffic, in the numbers travelling in British ships, and in part to some increased preference for travel in the large German and French liners. The latter was not, however, the case in 1937, since of the total increase of nearly 17,000 in the number of passengers travelling to and from the United States, British vessels claimed over 12,000, or, proportionately, to the total numbers carried, 10 per cent., compared with an increase of 6 per cent. for foreign vessels.

Passenger Movement between the United Kingdom and the Continent.

For the present purpose, movement to and from the Channel Islands and all ports within the Mediterranean Sea is grouped with movement to and from the " Continent " ; and the latter expression is used with that connotation throughout this section. It may be noted that the passenger movement, by ship direct, between the United Kingdom and ports on the Mediterranean and Black Sea is only about 1½ per cent. of the total movement between the United Kingdom and the Continent, as above defined. Some information as to the passenger traffic with the Channel Islands is given in table IV.

The following table shows the number of passengers of all nationalities who left the United Kingdom for the Continent, and the number who arrived in the United Kingdom from the Continent, including the numbers travelling on pleasure cruises to the Mediterranean and to other parts of Europe, in each of the years 1935, 1936, and 1937, distinguishing the number of persons who travelled by sea and by air, and showing the principal British ports of arrival and departure.

TABLE IV.

PASSENGERS BY SEA AND AIR BETWEEN THE UNITED KINGDOM AND THE CONTINENT (including the Channel Islands).

Port.	Outward.			Inward.		
	1935.	1936.	1937.	1935.	1936.	1937.
Principal Channel Ports :—						
Dover	384,734	494,128	632,025	391,107	478,303	603,929
Folkestone ...	185,846	179,848	255,815	204,598	216,864	302,322
Southampton ...	145,147	145,024	160,216	154,927	151,572	171,997
Newhaven ...	104,055	113,038	190,475	105,454	119,026	187,336
Weymouth ...	56,004	55,832	62,716	54,278	51,999	57,187
Other Ports :—						
Harwich ...	166,625	188,151	211,882	164,639	187,676	213,691
Rochester ...	51,053	56,849	106,931	51,525	56,440	107,600
London ...	61,570	58,348	59,717	61,195	64,530	66,163
Shoreham ...	21,211	24,747	24,821	21,707	22,725	24,642
Tyne Ports ...	16,860	21,771	22,941	16,789	21,971	23,582
Hull	11,527	13,221	15,695	12,448	13,716	16,517
Other	65,403	57,280	44,832	57,415	55,009	41,478
Air Stations * ...	75,705	86,612	95,151	79,371	92,628	100,539
First Quarter ...	130,716	143,099	210,192	142,751	155,807	210,998
Second Quarter ...	309,676	344,283	391,448	312,293	346,211	397,155
Third Quarter ...	735,665	808,795	1,056,813	758,059	842,496	1,093,478
Fourth Quarter ...	169,683	198,672	224,764	162,350	187,945	215,352
Total ...	1,345,740	1,494,849	1,883,217	1,375,453	1,532,459	1,916,983

* As reported by the Air Ministry.

TRAFFIC AT INDIVIDUAL PORTS.—The five ports on the English Channel which are separately specified in the above table accounted for about 69 per cent. of the entire passenger movement to and from the Continent in 1937, while 32½ per cent. of the outward and inward passengers embarked or disembarked at the port of Dover alone. The exceptional increase in 1937, as compared with 1936, in the numbers of passengers travelling to and from the Continent was reflected in the figures for each of the Channel ports and for Harwich, the increases being Dover (264,000), Folkestone (161,000), Newhaven (146,000), Southampton (36,000), and Harwich (50,000). The increase of 101,000 recorded for Rochester is almost wholly in respect of the number of cheap day and week-end trips made to the Continent *via* Southend, Margate, Ramsgate and East Coast ports, while the numbers shown under Shoreham relate to pleasure trips from Brighton, Eastbourne and Hastings. The figure for "other" ports shows a decrease of 26,000, the movement at Liverpool declining by 8,600. Changes at London, the Tyne ports and Hull were of less importance, but traffic at Weymouth, to and from the Channel Islands, increased by about 11,000.

The number of passengers who were carried to and from Calais and Boulogne *via* Dover and Folkestone showed an increase of about 143,000 outward and of 147,000 inward in 1937 as compared with 1936, the figures being as follows :—

Outward.		Inward.	
1936.	1937.	1936.	1937.
330,934	473,921	332,152	479,434

The numbers of passengers who were carried to and from the Channel Islands *via* Southampton and Weymouth by sea, and the numbers carried by air, in 1937 and 1936 were as follows :—

Port.	Outward.		Inward.	
	1936.	1937.	1936.	1937.
Southampton ...	85,744	89,028	88,100	92,029
Weymouth ...	53,546	60,193	50,283	54,291
Air Stations* ...	14,461	15,735	17,500	18,088

*As reported by the Air Ministry.

The number of passengers to and from the Channel Islands by sea and by air increased in 1937, as compared with 1936, by 17,878 and 1,862 respectively. The aggregate number was the largest yet recorded, though the number by sea was just exceeded in 1933.

TABLE V.

RETURN OF SHIPS' TONNAGE, PASSENGER ARRIVALS, ETC., FOR THE YEARS, 1928-1937.

(This table is supplied by H.M. Customs).

Year.	Number of Arrivals from Foreign Ports.	Number of Arrivals from Home Ports (Coasters).	Number of Passengers arriving at the Port from Ports other than Jersey.	Number of Passengers arriving from Jersey.	Number of Crews Arriving.	Number of Ships of 2,000 Tons and upwards.	Number of Ships under 2,000 Tons (including Coasters).	Net Tonnage of Vessels entering the Port.
1928	3,344	12,195	199,579	58,343	400,905	984	14,555	10,975,616
1929	3,285	11,988	199,261	68,559	384,023	1,014	14,259	11,317,862
1930	3,198	12,436	207,808	77,914	484,869	1,034	14,600	11,506,830
1931	3,071	12,208	186,138	81,228	309,156	989	14,290	11,153,185
1932	2,528	12,447	168,335	91,652	400,410	900	14,071	10,116,279
1933	2,485	12,987	174,998	95,876	407,376	1,021	14,451	11,450,971
1934	2,572	13,106	185,033	91,320	409,187	1,048	14,630	11,459,546
1935	2,574	13,095	194,516	82,760	547,455	1,079	14,590	12,040,515
1936	2,641	13,840	238,972	87,437	496,590	1,111	15,370	12,478,711
1937	2,681	14,075	238,153	90,057	460,217	1,169	15,587	13,340,292

The above figures include Troops and Passengers arriving by H.M. Transports.

INFECTIOUS DISEASE.

The cases of infectious disease reported by vessels on arrival at Southampton are shown in Table VII, which includes all cases reported on the bills of health on both H.M. Transports and other vessels.

Many of the cases reported on Transports were cases from India, China, and the Mediterranean stations, and these cases proceeded to Netley Hospital or Haslar Hospital for discharge, on furlough, or otherwise.

The following table shows the disposal of cases of infectious diseases landed at this Port, and to which of the Town Council's Hospitals the case was removed :—

	Cases Notified.	Cases removed to Isolation Hospital.	Cases removed to Borough Hospital.
Chicken Pox	26	8	—
Diphtheria	7	5	—
Dysentery	18	—	—
Enteric Fever and Para-Typhoid Fever	15	1	2
Influenza	30	—	6
Measles	41	11	—
Mumps	13	1	—
Meningitis	1	1	—
Pneumonia	35	—	5
Pyrexia of unknown origin ...	17	5	3
Scarlet Fever	6	5	—
Tuberculosis	137	—	7
Tonsillitis	43	—	15
Venereal Disease	128	—	26
Whooping Cough	5	1	—
Totals	522	38	64

The above cases are included in the total of infectious cases reported by vessels which arrived in the Port shown in Tables VII and VIII.

OTHER INFECTIOUS DISEASES.

As requested by the Ministry of Health last year, all refugees from Spain are subjected to medical inspection, and the same method has been continued.

The number of passengers examined was:—

	Passengers.	
	British.	Alien.
From Lisbon, etc., Marseilles and Havre ...	1,045	467
From Spain	171	112

A Greek warship arrived on 8th May from Piræus *via* Lisbon, and a suspected case of meningitis was reported. The Port Medical Officer saw the case on the 9th and advised removal to the Isolation hospital where subsequently the diagnosis was confirmed as cerebro-spinal fever.

The Port Medical Officer accompanied by the Admiralty Liasion Officer visited the ship and satisfied himself that appropiate methods of disinfection had been carried out and that the Surgeon Commander had isolated the immediate contacts in the ship's hospital.

The ship left on 15th May for Portsmouth, the Medical Officer of Health and the Naval Health Officer of that Port were informed.

Subsequently the Authority was informed that a further case of meningitis occurred but this was diagnosed as tubercular meningitis.

OTHER DISEASES.

Gastro-enteritis on a Vessel arriving at Southampton.

The ship arrived on the 30th July, 1937, at Southampton from a cruise to the Northern Capitals. The Doctor reported a total of 27 cases of gastro-enteritis among 14 passengers and 13 crew.

The first case—a steward—reported sick on 15th July, and subsequently on 25th July another steward reported sick. On 26th one steward, one plateman and one engine-room store-keeper, and on 27th another steward reported sick. On the 28th the captain, the first officer and the female entertainer, and on the 29th the doctor, a stewardess and two stewards were taken ill.

Among the passengers, the first case occurred on the 15th July, and, later, there were two cases on the 24th. One passenger on the 25th, one on the 26th, eight on the 28th, and two on the 29th were taken ill.

This ship was at Stockholm on the 16th July, and at Leningrad on the 18th July. On the 24th it called at Tavermindi, and on the 26th Copenhagen. The symptoms were diarrhœa, vomiting, and cramp in the abdomen. All cases had improved before arrival at Southampton.

The doctor could not account for the outbreak, but stated that last year, when water was taken on at Leningrad, 360 cases of gastro-enteritis occurred, and B. Faecalis was found in the water. As a result, water taken on at Leningrad was used for engineering purposes only, but, however, it was piped down to the ballast tanks along the fresh water conduits. These were washed out at Copenhagen before fresh water was taken on board.

Samples of water were taken for analysis on arrival ; the first sample was of water taken in at Leningrad, and the second was taken in at Copenhagen. The bacteriologist reported that there was " No growth from culture " in either instance.

Food was taken on board at the following places only :—

Bergen—Fruit.
Stockholm—Fruit and Fish.
Helsingfors—Milk, Cream and Fruit.
Copenhagen—Vegetable and Fruit.

Water was taken aboard at Southampton on leaving on the 10th July, and at :—

Bergen on the 12th July, 1937.
Stockholm on 16th July, 1937.
Leningrad, for boiler use, on 18th-21st July, 1937.
Copenhagen on the 26th-28th July, 1937.

The drinking water on board is filtered twice and is obtained from special taps, but the cold water supply to the cabins is only subjected to filtration once and passengers are advised not to drink it.

In addition to the cases reported above, we ascertained that many more had suffered from diarrhœa and vomiting but did not report sick.

DANGEROUS DRUGS.

No certificates were issued under the Dangerous Drugs (3) Regulations, 1923, during the year under review.

TUBERCULOSIS AMONGST SEAMEN.

During the year a record has been kept of the cases of tuberculosis amongst seamen arriving at this Port. Six of the cases were distressed British seamen; the remainder occurred in the ships' personnel who had signed on as members of the ships' crew.

Approximately 60 per cent. of this number occurred amongst the seamen and engine room ratings; the remainder occurred amongst the officers, pursers' staff, and catering department (38 per cent.).

Below is a table showing the distribution and type of tuberculosis reported amongst the ships' personnel :—

Rating.	Pulmonary.	Non-Pulmonary.	Total.
Deck Department—			
Apprentice (D.B.S.)	1	–	1
Bo'sun	1	–	1
Seamen	3	–	3
Seamen (D.B.S.)	2	–	2
Deck Boy	–	1	1
Catering Department—			
Cooks	1	–	1
Barman	1	–	1
Steward (D.B.S.)	1	–	1
Pantryman	1	–	1
Bath Attendant	1	–	1
Stewardess	1	–	1
Baker	1	–	1
Engine Room Staff—			
Greaser	1	–	1
Greaser (D.B.S.)	1	–	1
Fireman (D.B.S.)	1	–	1
Totals	17	1	18

TABLE VII. INFECTIOUS AND OTHER DISEASES.

Table showing the number of cases reported on vessels arriving in the Port of Southampton, and how they were dealt with during the year 1937 :—

Disease.	Total Cases reported.	How dealt with.						
		Removed to Borough Hospitals or Nursing Homes.	Removed to Naval or Military Hospitals.	Landed at other Ports before arriving at Southampton.	Proceeded in Vessels to other Ports.	Landed at Southampton, but did not proceed to Hospital.	Died at Sea.	Convalescent on Arrival.
Accidents	59	27	...	1	7	20	4	...
Abscesses	9	6	...	...	3	...	...	...
Apoplexy	12	3	...	1	...	2	6	...
Appendicitis	16	14	...	...	2	...	...	...
Bronchitis	16	8	...	...	6	2	...	...
Cancer	21	6	...	...	1	8	6	...
Cellulitis	6	5	...	...	...	1	...	...
Cerebro-Spinal Meningitis	1	...	...	1	...	...	...	...
Chicken Pox	26	8	...	5	4	5	...	4
Diabetes	1	...	...	...	...	1	...	...
Diarrhœa	2	...	...	...	2	...	...	...
Diphtheria	7	5	...	1	...	1	...	...
Dysentery	18	...	12	...	1	1	...	4
Eczema	14	8	4	...	...	2	...	...
Encephalitis Lethargica	2	...	2	...	...	...	...	...
Enteric Fever and Para-Typhoid Fever	15	4	1	5	3	...	...	2
Erysipelas	5	3	...	1	...	1	...	...
Gastritis	49	9	...	...	5	7	1	27
German Measles... ...	1	1	...	...	...	...	...	...
Glandular Swellings ...	4	3	...	...	1	...	...	...
Heart Disease	50	9	...	...	8	4	29	...
Influenza	30	9	...	...	...	8	1	12
Insanity	35	6	...	...	4	24	1	...
Malaria	26	4	8	...	1	4	6	3
Measles	41	11	...	2	4	11	...	13
Meningitis	1	1	...	...	...	...	...	...
Mumps	13	1	1	3	1	5	...	2
Nephritis...	7	2	...	...	...	1	4	...
Paralysis	6	3	...	...	1	2	...	...
Peritonitis	2	1	...	...	...	...	1	...
Pleurisy	10	5	...	...	2	2	1	...
Pneumonia	35	8	10	2	2	2	10	1
Polio Encephalitis ...	2	...	1	1	...	...	...	...
Poliomyelitis	3	...	3	...	...	...	...	...
Pyelitis	2	2	...	...	...	...	...	...
Pyrexia	17	9	1	1	1	5	...	...
Rheumatism	5	3	...	...	...	2	...	...
Scarlet Fever	6	5	...	1	...	...	...	...
Tonsillitis	43	17	2	...	9	13	...	2
Trachoma	1	...	...	1	...	...	...	...
Tuberculosis	137	9	100	2	2	19	4	1
Undulant Fever... ...	1	...	1	...	...	...	...	...
Venereal	128	30	40	...	18	40	...	...
Whooping Cough ...	5	1	...	...	...	...	...	4
Other Diseases	78	33	1	1	5	25	12	1
Totals ...	968	279	187	29	93	218	86	76

TABLE VIII.

INFECTIOUS DISEASES.

Reported on vessels arriving in the Port of Southampton during the 10 years 1928—1937 :—

DISEASE.	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Cerebro-Spinal Meningitis	...	1	4	1	...	...	...	...	1	1
Cholera	...	...	...	...	...	...	...	...	...	...
Diphtheria	8	10	13	12	12	3	6	9	6	7
Enteric Fever and Para-Typhoid Fever	66	51	27	21	20	13	13	21	15	15
Measles	65	40	43	28	38	29	36	48	153	41
Plague	...	...	...	...	...	...	...	...	...	...
Scarlet Fever ...	9	13	6	10	15	6	3	17	5	6
Small Pox	2	...	...	...	4	1	...	1	...	...
Tuberculosis	200	137	183	133	162	149	109	109	156	137
Typhus Fever ...	...	...	...	...	...	...	...	...	...	...

DEATHS AT SEA.

Eighty-six deaths at sea were reported to have occurred on vessels on their voyage to Southampton :—

Accidents	4	Malaria	6
Apoplexy	6	Nephritis	4
Cancer	6	Peritonitis	1
Gastritis	1	Pleurisy	1
Heart Disease	29	Pneumonia	10
Influenza	1	Tuberculosis	4
Insanity	1	Other Diseases ...	12

VESSEL FROM CAPETOWN.

This ship arrived on the 13th October from Capetown *via* Lisbon, and the Customs held the ship up pending the permission of the Port Medical Officer for it to proceed, his reason being that the ship came from an infected port and the information of sickness reported.

The Boarding Medical Officer visited the ship and ascertained that, before leaving Lisbon on the 7th October, the captain complained of vomiting and pain in the stomach, but did not seek medical advice. He treated himself with castor oil and tincture laudanum (small doses). He was found dead in his bunk at 6 p.m. on the 12th instant. As there appeared to be no reason to think that he suffered from any infectious disease, free pratique was granted.

The chief engineer died at Capetown on the 17th August, 1937, from a stroke.

A greaser died at Takoradi from malaria and heart trouble. Four other members of the crew were in hospital at Tokaradi with malaria.

The Coroner's Officer instructed the Boarding Medical Officer to carry out a post-mortem, and his opinion was that death was due to chronic heart failure, associated with coronary sclerosis and atheromata of the blood vessels, associated with chronic interstitial nephritis.

FUMIGATION OF VESSELS.

Arrangements for the carrying out of fumigation of vessels as required under the Port Sanitary Regulations, 1933, are made by the Shipping Companies themselves, who employ firms specialising in this class of work. The fumigation is supervised by the Port Health staff in order that the appropriate certificate may be given.

Details of the vessels fumigated will be found in the following table.

TABLE IX.

FUMIGATION OF VESSELS.

The following table gives particulars of the vessels fumigated under the supervision of the Port Health Authority.

Date.	Vessel.	Fumigant used.	Rats found after Fumigation.
2/1/37	"Duchess of Richmond"	H.C.N. Zyklon B ...	Nil
13/3/37	"Eros"	H.C.N. Liquid ...	8
27/3/37	"Erin"	H.C.N. Discs.	11
29/5/37	"Empress of Britain"...	H.C.N. Zyklon B ...	Nil
7/6/37	"Nevasa"	H.C.N. Liquid ...	Nil
9/6/37	"Dilwara"	H.C.N. Liquid ...	Nil
21/8/37	"Essex Envoy" ...	S.O.2	1
27/8/37	"Neuralia"	H.C.N. Liquid ...	Nil
9/10/37	"Berengaria"	H.C.N. Liquid and Discs.	Nil
29/10/37	"Arandora Star" ...	H.C.N. Liquid and Discs.	Nil
20/11/37	"Aquitania"	H.C.N. Liquid and Discs.	Nil
27/11/37	"Empress of Britain"...	H.C.N. Zyklon B ...	Nil
4/12/37	"Franconia"	H.C.N. Liquid and Discs.	Nil
11/12/37	"Empress of Australia"	H.C.N. Zyklon B ...	Nil
18/12/37	"Alcantara"	H.C.N. Liquid (Galardi)	Nil
	Total—15 Vessels.	H.C.N. Zyklon B ... 4 H.C.N. Liquid and Discs. ... ... 5 H.C.N. Liquid ... 4 H.C.N. Liquid (Galardi) ... 1 S.O.2 1	20

TRANSPORTS.

Twenty-four transports arrived at Southampton during the year, and all vessels on the "infected" list were boarded and examined on arrival, in conjunction with the naval and military authorities at this Port.

Details of the ships will be found in Table X on the following page.

TABLE X.

Statement showing the number of H.M. Transports which arrived in the Port during the year 1937, the ports from which they arrived, and the number of military passengers and troops landed at Southampton.

Date.	Vessel.	Whence.	Crew.	Troops and Passengers.
1/1/37	" Neuralia "	Karachi ...	239	1,475
13/1/37	" Somersetshire " ...	Bombay ...	195	1,624
1/2/37	" Nevasa "	Bombay ...	236	1,468
3/2/37	" Neuralia "	Haifa ...	237	1,474
19/2/37	" Lancashire " ...	Hong Kong ...	214	1,510
22/2/37	" Dorsetshire " ...	Karachi ...	197	1,621
16/3/37	" Somersetshire " ...	Bombay ...	196	1,633
24/3/37	" Lancashire " ...	Alexandria ...	214	1,485
6/4/37	" Nevasa "	Karachi ...	236	1,445
8/4/37	" Dilwara "	Singapore ...	209	1,550
23/4/37	" Somersetshire " ...	Port Said ...	195	1,028
2/5/37	" Neuralia "	Bombay ...	260	817
21/5/37	" Dorsetshire " ...	Hong Kong ...	204	1,194
14/7/37	" Neuralia "	Bombay ...	238	1,042
5/10/37	" Somersetshire " ...	Alexandria ...	192	1,475
1/11/37	" Lancashire " ...	Karachi ...	213	1,439
9/11/37	" Nevasa "	Bombay ...	238	1,329
14/11/37	" Dunera "	Hong Kong ...	208	1,532
19/11/37	" Neuralia "	Bombay ...	239	1,275
25/11/37	" Dorsetshire " ...	Karachi ...	198	1,469
6/12/37	" Somersetshire " ...	Bombay ...	194	1,459
9/12/37	" California " ...	Haifa ...	321	1,761
14/12/37	" Dunera "	Alexandria ...	206	1,560
30/12/37	" Lancashire " ...	Karachi ...	215	1,432
	24		5,294	34,097

DISINFECTION.

Disinfection was carried out by the Port Health Authority on 67 vessels, and 3,631 articles of bedding and other effects, including three packages of passengers' effects, were removed to the Disinfecting Station at West Quay or to the Isolation Hospital.

Seven hundred and sixteen contacts with infectious disease were bathed and disinfected at West Quay, and two on board ship.

OIL TANKERS.

During the year one hundred and eighty-five oil tankers arrived in Southampton Water to discharge or load oil fuel or spirit at the oil wharves at Fawley or Hamble.

The vessels came from the following ports :—

Abadan	26
Algiers	1
Amsterdam	2
Aruba	31
Baton Rouge	2
Baytown	2
Bona	1
Bordeaux	1
Calais	1
Constanza	2
Corpus Christie	3
Cristobel	1
Cumarebo	3
Curacao	24
Entvelde	1
Galveston	1
Gonfreville	9
Gothenburg	1
Hamburg	4
Havre	5
Houston	1
La Pallice	2
Las Piedras	15
Minititilin	1
Nantes	2
Nyborg	1
Oran	2
Paulliac	2
Pensacola	1
Port Lyanter	1
Puerto Mexico	4
Rotterdam	2
Rouen	4
Stettin	1
St. Louis	1
St. Malo	1
Talara	15
Tampico	3
Texas City	3
Vancouver	1
Volle	1
Total	185

General Summary of Inspections carried out by the Port Health Staff, and other Statistics, during the Year 1937.

Steamers (from foreign) visited	1,519
Motor vessels (from foreign) visited	438
Sailing vessels (from foreign) visited	—
Flying boats (from foreign) visited	219
Steamers (from coastwise) visited	539
Motor vessels (from coastwise) visited	383
Sailing vessels (from coastwise) visited	28
Total steam, motor, sailing vessels and flying boats visited	3,126
Number of British vessels visited	2,192
Number of British vessels re-visited	2,332
Number of foreign vessels visited	934
Number of foreign vessels re-visited	247
Total vessels visited 3,126. Total vessels re-visited 2,579	
Total	5,705
Number of vessels found in satisfactory sanitary condition	2,925
Number of vessels found in defective sanitary condition	201
Number of crew arriving (from foreign)	495,315
Number of passengers arriving (from foreign), including troops	459,060
Number of crew arriving (from coastwise)	26,375
Number of passengers arriving (from coastwise)	21,155
Total number of crew and passengers arriving (including troops)	1,001,905
Number of passengers landed from 124 tenders in Southampton Water	3,348
Number of passengers landed from 317 tenders in Cowes Roads and Stokes Bay	24,378
Total number of passengers landed from 441 tenders	27,726
Total number of passengers landed from 219 flying boats	1,886
Number of rats captured, examined, and destroyed	1,447
Number of vessels on which Rat Orders were served	184
Number of rats found on 175 vessels from plague-infected ports	163
Number of vessels where disinfection was carried out by the Port Health Authority	67
Number of articles of bedding, etc., disinfected	3,631
Number of contacts bathed and disinfected	716
Rat-proofing specification forwarded in respect of 58 vessels	58

TABLE XI.

Showing number of vessels inspected, including re-visits, with percentage of defects.

YEAR.	Vessels from Foreign visited.	Coasting Vessels visited.	Total Inspections.	Number found defective.	Percentage defective.
1928	3,851	783	4,634	53	1.95
1929	3,818	670	4,488	92	3.54
1930	3,923	775	4,698	77	2.78
1931	4,362	1,357	5,719	99	3.09
1932	4,140	1,163	5,303	115	3.16
1933	3,828	1,409	5,237	126	4.29
1934	3,726	1,412	5,138	131	4.39
1935	3,727	1,264	4,991	108	3.80
1936	4,171	1,218	5,389	107	3.66
1937	4,627	1,078	5,705	201	6.42

TABLE XII.

Table showing the number of vessels visited, nationality, description, and number found defective during 1937, not including re-visits.

Nationality.	Steam.	Motor.	Sail.	Flying Boats.	Total.	Defective.
American	76	...	...	1	77	...
Belgian	5	...	...	...	5	1
British	1,356	590	28	218	2,192	170
Danish	16	27	...	...	43	4
Dutch	49	135	...	...	184	4
Egyptian	2	...	...	...	2	2
Esthonian	3	1	...	...	4	1
Finnish	3	1	...	...	4	1
French	96	1	...	...	97	...
German	392	34	...	...	426	3
Greek	8	...	...	...	8	5
Italian	3	...	...	...	3	...
Japanese	1	...	...	...	1	...
Norwegian	17	17	...	...	34	3
Panamanian	...	10	...	...	10	...
Portuguese	3	...	...	...	3	1
Russian	4	1	...	...	5	1
Spanish	2	...	...	...	2	1
Swedish	22	4	...	...	26	4
Totals ...	2,058	821	28	219	3,126	201

ALIENS' ORDER, 1920.

The introduction of the Aliens' Order in 1920 necessitated that a Medical Officer be available for duty when passengers conveyed by vessels are landed at the Port, Southampton being one of the approved ports at which aliens may land.

Many aliens arrive from the Continent by Channel steamers which arrive daily in the summer months between 6 a.m. and 7 a.m.; other Steamship Companies who land aliens are the Royal Mail Lines, Cunard White Star, Union-Castle Company, etc., the vessels making regular calls at the Port, but at uncertain hours.

The inspection of aliens is carried out on board the large vessels on their arrival, those aliens requiring a more detailed medical examination being sent ashore to a room specially provided in the Docks.

The following figures show the amount of work carried out in connection with the inspection of aliens during the year :—

1.	(*a*)	Total number of aliens (excluding alien seamen) landed at the Port	61,941
	(*b*)	Aliens refused permission to land by the Immigration Officer	110
	(*c*)	Transmigrants	2,317
	(*d*)	Total number of aliens arriving in the Port ...	64,372
	(*e*)	Number inspected by Medical Inspector ...	59,663
	(*f*)	Number subjected to detailed examination by Medical Inspector	4,709
2.		Certificates issued :—	
	(*a*)	Lunatic, idiot, or mentally defective	5
	(*b*)	Undesirable for medical reasons	6
	(*c*)	Physically incapacitated	2
	(*d*)	Suffering from acute infectious disease	14
	(*e*)	Landing necessary for adequate medical examination	—
3.	(*a*)	Total number of vessels carrying alien passengers	1,478
	(*b*)	Number of such vessels dealt with by Medical Inspector	1,272

TABLE A.

Analysis of aliens landed.

Residents returning	1,875
In transit	5,567
Visitors	46,985
Business	4,836
Diplomatic	634
Seamen	165
Contract seamen	256
Ministry of Labour Permit (M.L.) :—	
(*a*) Males	477
(*b*) Females	560
(*c*) Children	48
Aliens coming to settle not holding M.L. permits :—	
(*a*) Males	481
(*b*) Females	351
(*c*) Children	127

TABLE B.

Classification of aliens referred to the Medical Inspector by the Immigration Officer for detailed examination.

(i)	Holding Ministry of Labour permits	171
(ii)	Intending to take up employment and remain in the country over three months	—
(iii)	Intending to make their home in the country	4
(iv)	Students coming or educational purposes	1
(v)	In regard to whom there is any mention of health as a reason for their visit	1
(vi)	Who appear to the Immigration Officer :—(*a*) Not to be in robust health ; (*b*) to be mentally or physically abnormal or sub-normal ; (*c*) to be dirty in their person, or (*d*) are selected for special reasons	69
(vii)	Seamen travelling as passengers	8
(viii)	Number of certificates issued	27

Certificates issued in respect of alien members of ships' crew who are landed for hospital treatment, etc.	17

TABLE XIII.

Table showing for comparison the food stuffs condemned during the years 1912 to 1937:—

	Tons.	Cwts.	Qrs.	Lbs.
1912	96	15	3	25
1913	99	15	1	5
1914	53	11	0	19
1915	22	18	1	4
1916	28	4	3	25
1917	586	7	2	8
1918	538	9	0	7
1919	79	15	3	6
1920	324	1	0	4
1921	91	8	3	22
1922	30	8	0	10
1923	26	9	1	22
1924	80	5	0	27
1925	158	0	2	19
1926	90	10	2	15
1927	58	2	3	24
1928	129	15	3	18
1929	97	12	0	4
1930	136	18	2	27
1931	136	0	2	9
1932	230	4	1	26
1933	80	2	1	26
1934	118	2	2	5
1935	130	0	2	16
1936	269	0	2	11
1937	891	0	2	23

INDEX.

BOROUGH REPORT.

PAGE.
Ambulance ... 26
Analyst ... 28
Ante-natal Clinics ... 66, 71
Births ... 34–35
Borough Hospital ... 16–17, 122, 146–152
Cancer ... 142–144
Cerebro-Spinal Fever ... 86
Clinics ... 26
Cod Liver Oil, Grant of ... 75–76
Common Lodging Houses ... 207
Deaths ... 35–47
Diphtheria ... 86
Diphtheria at Convent High School ... 93–94
Disinfecting Station ... 197
Dispensing ... 80
District Medical Officers (Duties) ... 181
Drainage and Building Bye-laws ... 198–199
Eradication of Bed Bugs ... 193
Factory and Workshop Acts ... 208–210, 212–213
Food Inspection ... 200–202
Food and Drugs (Adulteration) Act, 1928 ... 202–204
General Advice to Mothers ... 70
General Observations (Medical Officer of Health) ... 7–19
Gynæcological Clinics ... 71–72
Health Committee ... 3
Health Propaganda ... 182–183
Health Services ... 24–28
Health Visiting ... 72–73
Home Helps ... 60
Houses Erected ... 189
Houses let in Lodgings ... 207
Housing ... 11, 186–192
Housing Committee ... 4
Ice Cream ... 17–18
Infant Clinics ... 69
Infantile Mortality ... 48–50
Infectious Diseases ... 27, 82
Influenza and Pneumonia ... 85
Insurance Scheme ... 53–55
Isolation Hospitals ... 24, 25, 158–162
Laboratories ... 163–165
Local Acts ... 28
Maternal Mortality ... 21

INDEX—continued.

PAGE.
Maternity and Child Welfare ... 11–13, 25, 52–80
Maternity and Child Welfare Committee ... 3
Maternity Home ... 66
Maternity Unit ... 25, 52
Mental Deficiency Acts, 1913–1927 ... 168–171
Mental Deficiency Acts Committee ... 4
Mental Treatment Act, 1930 ... 171–173
Mental Welfare Association, The ... 174–175
Merchandise Marks Act, 1926 ... 198
Meteorological Summary ... 22
Midwives ... 27
Midwives' Act, 1936 ... 59
Midwives' Fees ... 60
Milk—Free ... 75–77
Milk and Dairies (Consolidation) Act, 1915 ... 206–207
Milk and Dairies Acts (Elimination of Tuberculous Dairy Cows) ... 205–206
Milk (Special Designations) Order, 1923 ... 204–205
Mortuary, Accommodation ... 28
Nursing Homes Registration Act, 1927 ... 27, 60–61
Offensive Trades ... 199
Ophthalmia Neonatorum ... 63–65
Orthopædic Clinic and Treloar's Hospital ... 17, 77–80
Pemphigus ... 66
Population ... 21
Public Abattoir ... 17
Public Health (Meat) Regulations, 1925 ... 200
Puerperal Fever and Pyrexia ... 62
Rag Flock Acts, 1911 and 1928 ... 210–211
Rats and Mice Destruction ... 197–198
Report *re* Appointment of Almoner ... 153–157
Report on Bacteriological Findings in Outbreak of Paratyphoid B. Fever ... 95–99
Review of Incidence of Diphtheria amongst Immunised ... 87–92
Sanitary Circumstances of District ... 29–32
Sanitary Inspection ... 196–197
Scarlet Fever ... 84–85
Sewage Disposal ... 30–32
Shops Act, 1912 to 1936 ... 211
Slaughterhouses ... 200
Slaughter of Animals Act, 1933 ... 200
Small Pox ... 84
Small Pox Hospital ... 25
Southampton Corporation Act, 1937 ... 18–19
Southampton Crematorium ... 180

INDEX—continued.

PAGE.

Staff of Public Health Department 5–6
Statistical Summary 20–21
Still Births 63
Supervision of Foster Children 74–75
Tuberculosis 13–14, 25, 112–141
Vaccination 178–179
Venereal Diseases 15–16, 26, 70, 102–110
Voluntary Hospitals 25
Water Supply 29–30
Welcomes 66–68
Work carried out under Southampton Corporation
    Acts and Bye-laws 199

PORT SANITARY REPORT.

Part I.

Arrival of S.S. " Habana " 221–225
Food Inspection 245–258
Hygiene of Crews' Spaces 243–244
Infectious Diseases 236–237
Limits of Jurisdiction 217–218
Port Medical Officer's Observations 217–225
Port Sanitary Regulations, 1933 228–235
Psittacosis 235
Public Health (Shell Fish) Regulations, 1934 ... 258
Measures against Rodents 238–242
Shipping entering the Port 226
Staff of the Port Health Authority 216
Trade of the Port 227
Water Supply, Source of 227–228

Part II.

Aliens' Order, 1920 278–279
Dangerous Drugs 268
Deaths at Sea 271–272
Disinfection 274–275
Food Stuffs condemned 280
Fumigation of Vessels 272–273
Infectious Diseases 266–267, 270–271
Inspections carried out 276–277
Oil Tankers 275
Other Diseases 267–268, 270
Passenger Traffic 259–265
Transports 273–274
Tuberculosis amongst Seamen 269